
State of Utah Program Improvement Plan

Quarterly Report 1 – October 2004



State of Utah

Division of
Child and Family
Services

State of Utah – Program Improvement Plan

The Program Improvement Plan (PIP) for the State of Utah was approved on July 14, 2004. This report is the first of the eight quarterly reports required during the two years of the PIP implementation. We are proud to share Utah's accomplishments in the area of child welfare. As agreed to in our PIP, we continue to add to the activities outlined in the PIP so that improved outcomes for children and families served by the system will occur.

This report is comprised of three sections. The first is the matrix from the PIP with two additional columns: the work achieved and reference to the addendum supporting the activities reported. The second section is our quarterly data report, which contains the data measures outlined in the PIP. There is additional data from the 2004 Qualitative Case Review (QCR) and Case Process Review (CPR) that were selected as PIP measurements included in a separate table. The final section is an addendum containing documentation. An index can be found at the beginning of the addendum to help locate the documents.

PIP Matrix

Including activities and list of attachments

Item contributing to non conformity	goal	method of measuring improvement	goal/measure percent of improvement	action steps toward achieving goal	projected date of achievement	actual date of achievement	person responsible	deliverables	Activities completed - Month 3 - October 2004	attachments
Outcome S1										
Safety 1: Timeliness	1.1 Improve the accuracy of documentation	report from SAFE on timeliness of investigation	Baseline: 77% Goal 79% Currently: 77%	1.1.1 Add SAFE notification alert	January 2005		SAFE Team	alert operational data reports	SAFE - The agreed upon approach is to pop-up a message at the time a user is making a "child first seen" entry that is late and ask for confirmation or correction. This change is specified for release 2.520 currently targeted for Jan 15, 2005. Programming not yet initiated, In addition, a new SAFE notification addition was approved by the State Administration Team on October 12, 2004. The notification will go to supervisors when one of their workers has a CPS referral assigned to them with a missed priority timeframe for investigation. The notification will be generated at 5 days missed. Target date for the programming of this notification is November 2004.	
				1.1.2 Train staff on new notification	April 2005		CPS PM	training rolls	*****	

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	1.2 Data is used to monitor compliance with priority timeframes	report from SAFE on timeliness of investigation	baseline: 77% Goal 79% Currently: 77%	1.2.1 Develop ways for management to use data to increase compliance with priority timeframes	January 2005		Data unit		The State Administrative Team's monthly meeting includes an item on the agenda focusing on data reports related to the PIP measurements. This same item is also included on each region administrative team agenda.	Proposed agenda for Supervisor's Conference is attached in the Addendum pages 1-3
				1.2.2 Train supervisors and other administrators on pulling data reports and on the use of reports to manage workers	April 2005		Data unit	training rolls	The Supervisor's Conference is scheduled for November 9 - 10, 2004. The conference will include skill-building sessions in the use of data in specific program areas, leadership, and tools for supervision. All attendees will participate in each workshop.	

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				1.2.3 Develop and implement region plans for reporting on data in administrative meetings	January 2005		Region Directors	region plans	PIP kick off presentations were done in each region during the month of September. The presentation included information about the PIP, the goals, action steps and measurements included in the PIP and the data for each region on each PIP measurement. Program managers conducted a focus group that identified the strengths and needs of the communication and support system between the region and the state office. Each region was asked to look at current improvement activities and incorporate these and any additional activities needed to develop their region PIP plan by the end of November 2004. Supervisors and other Region Administrators were in attendance. Each was given a binder entitled "Achieving Non-Accidental Results Together" or "ART Book" for short. These binders contain information needed by supervisors to more effectively manage their work units. The binder includes the PIP, CFSP, Chartered work teams, data graphs and organization charts and other information.	PIP kickoff PowerPoint presentation slides and compilation of feedback from regions is attached in the Addendum pages 4-28.

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Safety 1 Item 2 Repeat maltreatment by	2.1 Reduce inaccurate documentation by discontinuing the practice of opening and additional case when additional information or duplicate referrals are received on a currently open case and entering a supported finding on cases where the child is placed in state custody due to delinquency or truancy not abuse or neglect	Report from SAFE on percent of victims with a subsequent substantiation within six months	baseline 7.7% goal 6.8% Currently: 6.8%	2.1.1 Implement a process of identifying and merging duplicate cases	October 2004		Data unit	report on process implemented	A process for identifying duplicate cases has been developed. Each case is checked and follow up occurs with the worker closing the case. The worker notifies the SAFE Help Desk and requests that the duplicate cases be merged. Duplicate cases from the past year have been identified and the follow up work is in the process of being completed. Practice Guidelines to prevent duplicate cases are being drafted. The projected implementation is January 2005.	
				2.1.2 Program SAFE so that allegations of court ordered can not be supported	July 2005		SAFE Team	SAFE programming in place	SAFE - The agreed upon solution is to eliminate this allegation, so that it may not be used in the future. This is a simple data base change that can be made almost immediately. The practice alert will be sent out and the solution will be implemented by November 2004.	Report of SAFE PIP support is attached in the Addendum pages 29-34

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	2.2 Consistent and expanded use of the PM skills of engaging, assessing, teaming, planning and intervening in casework	report from SAFE on percent of victims with a subsequent substantiation within six months	baseline 7.7% goal 6.8% currently: 6.8%	2.2.1 Develop specialized program specific training curriculum for first responders	July 2005		state training team, cps pm, DV pm	curriculum	Focus groups were conducted in each region during the month of September to determine the improvements to be made in First Responder Training. Administrative expectations for competencies and outcomes for the training were also discussed in the State Administrative Team meeting on September 14, 2004.	Report of compiled First Responders focus group information is attached in the Addendum pages 35-43
				2.2.2 Develop region plans for training delivery	October 2005		region training teams	region training rolls	***	
				2.2.3 Provide training in all regions	July 2006		state and region training teams	report of trainings held and attendance	****	
Outcome P1										
Perm 1 item 5: Re-entry	5.1 All pertinent information about the child and family is shared with possible kinship placements	percent of re-entry	baseline: 14.5% goal: 12.0% Currently: 12.4%	5.1.1 Add statements to PG under the headings of Guiding Principles and Div. And worker expectations regarding full disclosure	written and presented to DCFS board: November 2004		policy and permanency pm	practice guidelines	The Practice Guideline for Kinship disclosure is being improved. It will be sent out for Administration approval by mid November. It will be sent to the DCFS Board for their information by the end of November 2004.	
					response from the board: January 2005		DCFS Board chair	board minutes	***	
					notification of any changes to workers: April 2005		Deputy director	notification confirmation	***	

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				5.1.2 Clarify the use of an emergency kinship placement	July 2005		Deputy director		Three chartered groups were consolidated into one group to more effectively address the continuum of the kinship process. This issue is one of the first to be addressed by the new - chartered workgroup. The group has now met 3 times. It now includes a representative from the Office of Licensing. This will facilitate better collaboration, which has been an issue with the kinship provider process. It is anticipated that recommendations will be submitted to administration in November along with a draft packet for use at initial (within 48 hours of removal) Child and Family Team meetings.	Charter for Kinship/BCI workgroup is attached in the addendum pages 44-47
				5.1.3 Develop a kinship brochure to educate families on their options for becoming a caregiver	April 2005		Deputy director	brochure	A draft of the kinship brochure has been completed. However, It has been decided that there will be two brochures. The second brochure is to be used with biological families. This brochure is being developed.	A draft of the kinship brochure is attached in the addendum pages 48-49
				5.1.4 develop a resource packet for kinship providers	July 2005		Deputy director	kinship packet	The Kinship chartered workgroup will have a sample packet to present to the State Administration Team in December.	

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	5.2 Kinship support are sufficient to meet the needs of the child and family	percent of re-entry	Baseline: 14.5% Goal: 12.0% Currently: 12.4%	5.2.1 Develop pilot project for kinship caregiver support groups in targeted locations	develop pilot: April 2005		permanency and family based program managers and team	pilot project proposal	Utah was chosen to participate in the Casey Family Programs Breakthrough Series Collaborative. The area target by Utah is Kinship Support.	Reports and agendas from meetings on the kinship support pilot project are attached in the addendum pages 50-53
					select sites: May 2005		state administration team	site selected	Two supervisory groups in Weber County have been chosen as pilot sites for the project.	
					begin to implement pilot project: May 2005		site administrator	implementation date	Implementation began in October 2004.	
					report on project November 2005		permanency and family based program managers and team	report on evaluation of pilot and recommendations	***	
				Recommendations from the pilot project will be incorporated into the Program Improvement Plan as approved by the Administrative Team: December 2005			State Milestone Coordinator	Program Improvement Plan changes	***	

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	5.3 Licensing procedures are not a barrier for kinship placements to attain foster care licenses			5.3.1 Develop, propose, approve and implement licensing procedures that facilitate the licensing of kinship providers	develop by: July 2005		Deputy director	report on proposed licensing process for kinship providers	This item is included in the Chartered workgroup project identified above (5.1.2). Recommendations will be submitted to the State Administration Team from the workgroup in December 2004. The process for decisions based on BCI information is being defined so that it is consistent across regions as well as clarification on how to address "hits" on the BCI. This process has been drafted in accordance with ASFA guidelines and will be added to Practice Guidelines and the CFTM packet. ***	Charter for Kinship/BCI workgroup is attached in the addendum pages 44-47
					approved by boards: October 2005			board minutes		
					implemented: March 2006			implementation date	***	
				5.3.2 Standardize the use of BCI information congruent to the OL to eliminate duplication of background checks	July 2005		Deputy director	protocol on use of BCI	This item is included in the Chartered workgroup project identified above (5.1.2). Recommendations will be submitted to the State Administration Team from the workgroup in December.	Charter for Kinship/BCI workgroup is attached in the addendum pages 44-47
				5.3.3 Train and implement BCI protocol to region BCI contacts	October 2005		Deputy director	training rolls	Program Managers will conduct this training.	

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				5.3.4 Adopt up-front uniform home study assessment for kinship care, as used in resource families, to avoid duplication	July 2005		Deputy director	home study assessment tool	This item is included in the Chartered workgroup project identified above (5.1.2). Recommendations will be submitted to the State Administration Team from the workgroup in December.	Charter for Kinship/BCI workgroup is attached in the addendum pages 44-47
				5.3.5 train and implement uniform home study assessment to appropriate region contacts	October 2005		Deputy director	training rolls	***	
Perm 1 Item 6 Stability in foster care placement	6.1 the FA is used to identify a child's needs prior to FC placement and with foster parents to identify their abilities with specific types of behaviors in children	SAFE report on stability placement	baseline 72.4% goal 74.3% Currently: 79.2%	6.1.1 Develop program for expanding the use of the FA to include the identification of a child's needs prior to placement as well as identifying resource families' abilities	July 2005		permanency and CPS PM	report on program developed	The kinship workgroup has joined with the Utah Foster Care Foundation and the Office of Licensing to create a database interface so that each agency can input and have access to information on a resource family. The Functional Assessment of the resource family will begin when UFCF begins working with the family to train them. Office of Licensing will add more information as they move through the licensing process with the family. In the future, Resource Family Consultants will be accessing this information in order to help the caseworker find the best possible placement for the child.	

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				6.1.2 Implement program	January 2006		region directors or designee	implementation report from each region		
perm 1 item 7, 8, 10: permanency planning	7.1 proper permanency goals are selected for each child in custody	QCR scores on LTV, Prospect for perm, tracking and adaptation	baseline: LTV 43.5%, PP 59.6%, TA 68.7% Goals: LTV 50%, PP 65%, TA 70% Currently: LTV 64.8% PP 72.2% TA 81.2%	7.1.1 Update PG with new permanency goal of non-relative guardianship and permanency with relatives	January 2005		permanency PM	PG	There is a chartered work team meeting on this item. They met twice in October. The program managers assigned to this item are currently gathering information from other states on how guardianship and permanency with relatives is managed. A practice guideline and administrative rule are being developed. The definition of the goals has been completed and sent to the policy writing manager for DCFS. An orientation about guardianship targeted to educate kinship placement and guardianship candidates and providers is in the development stage. Drafting will begin in November 2004.	
				7.1.2 Clarify in PG how to plan for proper goal selection and concurrent planning	March 2005		permanency PM	PG		
				7.1.3 Add new Perm goals to SAFE	April 2005		SAFE team	goals in SAFE	The change needed in the Report of SAFE database system is scheduled for release 2.511 currently targeted for November 30, 2004 and is present in the test version of this release.	Report of SAFE PIP support is attached in the addendum pages 29-34

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				7.1.4 send Practice alert to staff on new goals available in SAFE	May 2005		permanency PM	notification confirmation	The Practice Alert will be sent one week prior to the release of SAFE 2.511	
				7.1.5 Incorporate specific training on proper goal selection into PM cur.	January 2005		state training team	training curriculum	The State Training unit will develop an additional activity for Practice Model Training that will address the proper selection of permanency goals in January	
				7.1.6 Incorporate training on proper goal selection into out of home program skills training	October 2005		state training team	training curriculum	***	
				7.1.7 Provide training in all regions	July 2006		state and region training teams	dates of training and training rolls	***	
				7.1.8 Include training on documenting reasons for goal selection in documentation training	April 2005		state and region training teams	dates of training and training rolls	This action step will be fulfilled in a different way than was first proposed in the PIP. Web-based training related to the proper selection of permanency goals is a more effective way of presenting this material in the proper context. The launch of the web-based training is targeted to coincide with the release of SAFE 2.511.	

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	10.1 children emancipating from foster care have the knowledge and supports in place to be successful adults			10.1.1 Determine if the Casey Assessment tool will be used to evaluate level for function for youth.	January 2005		independent living pm	report on assessment tool selection	The Casey Assessment tool will be used to evaluate the level of functioning on youth 16 and above. Practice Guidelines on the use of the Casey Assessment has been drafted and sent to the policy specialist and will be sent out in a practice alert. The assessment is done by the youth and is web based. Regions are in the process of providing internet access in DCFS offices that will be available for all youth.	Information from the Independent Living Coordinator's meetings is attached in the addendum pages 54-55
				10.1.2 Develop a performance matrix to establish expected performance outcomes in the areas of education, housing, life skills, employment, health and mental health	January 2005		independent living pm	matrix	The performance matrix is being developed. In addition, a youth summit is scheduled for November 2004. The summit will complete the work on the first year goals and begin development of the 2nd year goals. A new website devoted to helping youth to transition successfully to adulthood has been launched. The website can be viewed at www.justforyouth.utah.gov	Information from the Independent Living Coordinator's meetings is attached in the addendum pages 54-55
				10.1.3 Develop PG to support achievement of expected performance outcomes	April 2005		independent living pm	PG		
				10.1.4 Submit PG to DCFS board	May 2005		independent living pm	DCFS Board minutes	***	

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Item 25 case review	25.1 Time in custody and the status of petitions for TPR are monitored and appropriate action is taken			10.1.5 develop training on PG including who should be trained and how the training will be delivered	October 2005		independent living pm	training curriculum	***	
				10.1.6 develop region training plans	December 2005		region training teams	training plans	***	
				25.1.1 Add SAFE notification to worker and an action prompt when a child has been in custody for 12 of 22 months	July 2005		SAFE team	notification added to SAFE	SAFE - This notification is Report of specified for release 2.53C SAFE PIP currently targeted for April support is 15, 2005. The ability to generate and display the Addendum number of months in care out of the last 22 was added to SAFE production in a prior release. Other changes necessary for this notification to exclude cases for which termination of parental rights is not required will be implemented in release 2.530. The preparation of a notification is a simple data base addition and will be initiated closer to the release date, when the other needed changes are ready for testing.	pages 29-34
				25.1.2.Distribute practice alert and instructions to all workers on new SAFE notification	July 2005		Deputy director	Practice alert	***	

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				25.1.3 Include information on requesting and documenting an exception for TPR in documentation training	April 2005		training team	training curriculum	Documentation Training includes information on the TPR and compelling reasons for not filing. The training is complete, a training of trainers was held on September 27. The training will be piloted during November.	The index from the Documentation Training is attached in the addendum pages 56-62.
				25.1.4 Deliver training in all regions	January 2006		state and region training teams	dates of training and training rolls	***	
				25.1.5 Develop protocol and/or training for AAG on proper selection of perm. Goals and updating perm. Goals between review hearings.	July 2005		Director of policy and planning	protocol	Met with the Court Improvement Project. They will be assisting on this item. More information will follow in subsequent reports	
				25.1.6 Provide training to Assistant Attorneys General	January 2006		Director of policy and planning	dates of training and training rolls	see above	
Outcome P2										
Perm 2 item 14 preserving connections	14.1 tribal membership is assessed and the ICWA is complied with the case	Report from SAFE on the number of American Indian children with no tribal information in the sys	baseline 54% goal 35% Currently: 4.6%	14.1.1 Review and revise PG related to the assessment of tribal membership of children and families receiving services	developed by January 2005		ICWA, policy, PG permanency, CPS, and family base pm		This item was included with the PIP Kickoff data. Each region has developed a plan to address the items that the data shows need to be addressed in their specific region. This is one of those items.	
					presented to board March 2005				***	

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	14.2 Foster children have a connection to tribal, cultural, religious, and ethnic heritage and traditions			14.1.2 Distribute practice alert on new guidelines regarding assessment of tribal membership	April 2005		ICWA pm	alert sent	****		
				14.2.1Draft and submit administrative rule in connection with HB 268 passes in the 2004 general session	January 2005		director of policy and planning	administrative rule	The DCFS Board has been working on the administrative rule required by law for this item.		
				14.2.2 Compile and distribute a list of resources for workers to help children stay connected with religious, ethnic, cultural, and tribal heritage	January 2006		ICWA pm	list of resources	We are currently working on compiling this resource. It will ultimately be included in the website with a link from the Utah Foster Care Foundation as well as the Utah Foster and Adoptive Families and Utah Adoption Exchange websites.		
	14.3 Agency connections to ethnic minority communities provide connections for children in foster care			14.3.1 Identify ethnic communities and a point of contact within the community in each region	identify communities July 2005 initiate contact with communities September 2005, compile list of contact information and distribute to each region office January 2006		region directors or designees	list of communities identified in each region and contact information for the community	A list of ethnic, cultural and religious communities within each region is being compiled. In addition, the Salt Lake Valley region is meeting with the Mexican Consulate to collaborate on efforts to better serve the Mexican population. This will be included in a Memorandum of Understanding between the two entities.		

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	14.4 Transfers to tribal courts are timely and well organized			14.4.1 Develop PG for moving cases to tribal court or continuing connections if remaining with the state	developed by July 2005 present to board September 2005		policy and ICWA pm	PG, board minutes	This item was discussed at the Court Improvement Project meeting where the PIP was introduced on September 27. In addition, Memorandums of Understanding between the Division of Child and Family Services and each of the five recognized Tribes as well as the Towac Tribe of Colorado, are in the beginning stages of development. Meetings will begin with the Piute Tribe soon.	
	14.5 Increase awareness of the requirements for CW in ICWA			14.5.1 Provide training by Judge William Thorne, native American ICWA consultant, Utah Court of Appeals, on the ICWA to DCFS and legal partners	April 2005		Training team and ICWA pm	training dates and rolls	Training by Judge Thorne for DCFS supervisors and administrators was completed by July 2004. Training for legal partners is being discussed with the Court Improvement Project Committee. ICWA training for caseworkers and supervisors is being developed and is in the design document stage. Training development completion has a target date of December 2005 with training being completed by the end of 2006.	

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	14.6 Foster parents are aware of their role in providing connections to a child's cultural and ethnic heritage			14.6.1 Develop protocol and training to be added to initial training for prospective foster parents regarding their role in maintaining the cultural and religious heritage of children in foster care	October 2005		permanency pm and UFCF	protocol and training curriculum	Protocol and Training to be added to initial foster parent training regarding the role of foster parents in maintaining the cultural and religious heritage of children in foster care has been discussed with Utah Foster Care Foundation (UFCF). They are currently looking at curriculum from NCCJ on diversity. This training and other options will be on the agenda for the Partners meeting, which includes representatives from Utah Foster Care Foundation, Utah Foster and Adoptive Families Association and a number of placement agencies, in October. Pre-service training on cultural awareness is scheduled for October 27 and will be attended by the Program Manager so that an assessment of what is needed additionally can occur.	
				14.6.2 Determine the appropriate method for delivering additional training or information for current foster care providers on their role in maintaining cultural connections for	January 2005		permanency pm and UFCF	report on method	The way to deliver training on the role of foster parents in maintaining cultural connections for children in foster to current foster care providers will be introduced in a meeting with Utah Foster Care Foundation at the October 2004 Partners meeting.	

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				children in foster care						
				14.6.3 Deliver information to current foster care families	July 2005		permanency pm and UFCF	information delivered	***	
Perm 2 item 15 relative placement	15.1 a diligent search for both maternal and paternal kinship placement candidates and the documentation of the search is made in each CPS case where removal is considered	report from SAFE on removals where kinship options were explored with the family	baseline 68% goal 75% Currently: 60%	15.1.1 Include information on the proper documentation of the search for kin in the documentation training curriculum	April 2005		State training team	documentation curriculum	Documentation Training includes information on the search for kinship placement candidates and the need for proper documentation of the search. The training has been developed and will be piloted in the Salt Lake Region in November.	The index from the Documentation Training is attached in the addendum pages 56-62.
				15.1.2 provide documentation training in each region	January 2006		state and region training teams	dates of training and training rolls	***	
WB 1 item 17 needs and services	17.1 The FA is used to assess underlying needs of children and families	QCR data on FA	baseline 52.4% goal 60% Currently: 81.2%	17.1.1 Develop curriculum for supervisor training to teach how to help workers better implement PM skills	January 2006		State training team	curriculum	Competencies for the training have been completed and the first module of training is in development.	

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WB 1 item 18 Child involvement in case planning	18.1.1 Parents and children are involved in case planning through the use of the CFT. There is a written CFSP in SAFE for each case	Data from SAFE on involvement of parents in the CFT	baseline not available	17.1.2 Develop Region training plans	March 2006		region training teams	region training plans	***	
				17.1.3 Training is provided in every region	July 2006		state and region training teams	dates of training and training rolls	***	
				18.1.1 Develop curriculum for supervisor training for better implementation of PM	January 2006		State training team	curriculum	Competencies for the training have been completed and the first module of training is in development.	
Item 25 case review		CPR data on CFT involvement	Baseline in home 47% goal 55%	18.1.2 Develop region training plans	March 2006		region training teams	region training plans	***	
			Currently: 37%							
			FC 63.3% goal 67% Currently: 43%							
				18.1.3 Provide training in every region	July 2006		state and region training teams	dates of training and training rolls	***	
	18.2 When appropriate, fathers are located and involved in case planning	QCR results on Child and family participation, child and family team and coordination, child and family	Participation baseline 67.3% goal 70% Currently: 82.4% Coordination baseline 60.8%	18.2.1 Develop PG regarding locating and involving fathers in case planning through PM skills	July 2005 present to board August 2005		permanency and CPS pm	PG, board minutes	The DCFS newsletter "Update" October issue's Director's Message was entitled "Father Involvement" and was an article written by Richard Anderson with specific suggestions for involving fathers in case planning and activities.	The October 2004 issue of the Update is attached in the addendum pages 63-74

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		planning process	goal 64% Currently: 79.4%							
			Planning Baseline 62% Goal 65% Currently 72.1%							
				18.2.2 Distribute practice alert	September 2005		CPS, Permanency and family based pm region directors or designees	practice alert	***	
				18.2.3 Identify at least one individual in each region to act as kin locator	April 2005			list of kin locators	***	
				18.2.4 Train kin locators to use the data base of the Office of Recovery Services to help track paternity information and locate parents or kin	July 2005		CPS, Permanency and family based pm	training dates and rolls	***	
	18.3 The case planning functionality in SAFE is implemented and workers are able to use it effectively			18.3.1 Develop and release the Case Plan functionality for the SAFE system	July 2005		SAFE team	SAFE release	The case plan functionality is scheduled for release 2.530. The target release date is April 2005.	
				18.3.2 Provide training in each region on new case plan	October 2005		SAFE team	training dates and rolls	***	

Item contributing to non conformity	goal	method of measuring improvement	goal/measure percent of improvement	action steps toward achieving goal	projected date of achievement	actual date of achievement	person responsible	deliverables	Activities completed - Month 3 - October 2004	attachments
				functionality						
WB 1 item 19 worker visits with child	19.1 workers visit children at a frequency that provides for the safety and well being of children and are focused on the goals established by the CFT and the provision of services to meet the goals	data from SAFE on visits to the child	In home baseline 88.2% goal 90% currently: 83.1% FC Baseline 87.8% goal 90% currently: 85.8%	19.1.1 Develop PG on frequency and content of visits between workers and children for both in home and FC cases	developed April 2005 present to board May 2005, implemented July 2005		policy, permanency and family based pm	revised PG	Target date to begin drafting new Practice Guideline is January 2005. The October 2004 DCFS Newsletter "Update" included an article entitled "Visits make a difference" which had information on the outcomes expected and reasons for visits between workers and children, workers and parents and between children and their parents.	The October 2004 issue of the Update is attached in the addendum pages 63-74
				19.1.2 Rewrite PM intervention module with more specific information regarding reasons for worker visits and how visits are conducted	April 2005		State training team	revised training curriculum	***	

Item contributing to non conformity	goal	method of measuring improvement	goal/measure percent of improvement	action steps toward achieving goal	projected date of achievement	actual date of achievement	person responsible	deliverables	Activities completed - Month 3 - October 2004	attachments
WB 1, item 20 worker visits with the parents	20.1 Workers visit with parents at a frequency consistent with the goals determined by the CFT and focus on the establishment of goals and services needed to meet the goals for the family	Data from SAFE on worker visits with parents	baseline not available	20.1.1 Develop training on new PG for visits between workers and parents	April 2005		permanency and family based services pm	training curriculum	Target date to begin drafting new Practice Guideline is January 2005.	
				20.1.2 Provide training in each region	July 2005		pm and region training teams	dates of training and training rolls	***	
Outcome W3										
no item	22.1 follow up treatment prescribed in the initial health and mental health assessments is consistently completed and recorded in SAFE	Data from SAFE on health and mental health follow up	physical health baseline 69.7% goal 73% currently 62% mental health baseline 78% goal 80% currently 53%	22.1.1 Determine barriers to follow up treatment recommended	January 2005		perm and family based pm and director of fostering health children	report on barriers	The director of the Department of Health's Fostering Healthy Children program, Chris Chytraus, and the SAFE developer for Out of Home care Are researching this item. They have also been working with the Division of Mental Health. An action item in SAFE will divide the item so that the worker can indicate that the appointment was set and then that it was completed. This will allow us to track assessments and see the time it takes to obtain an assessment. A request has been made	An email from the Director of Fostering Healthy Children is attached in the addendum page 75.

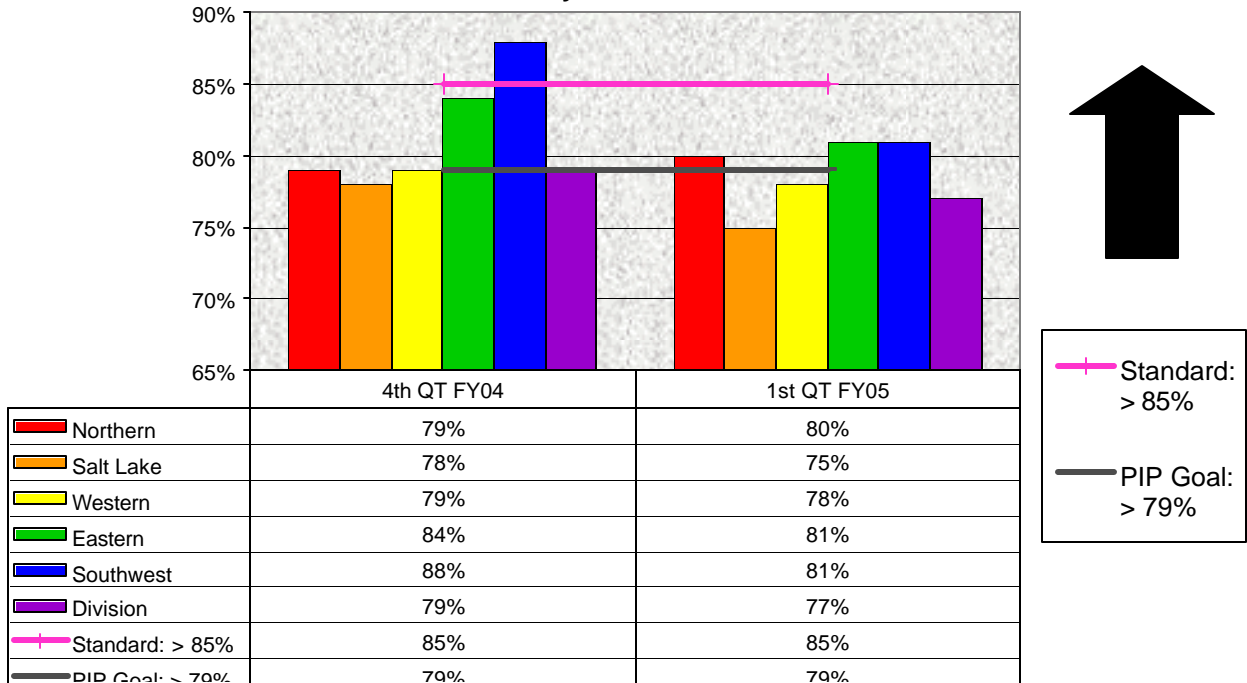
Item	goal	method of measuring improvement	goal/measure percent of improvement	action steps toward achieving goal	projected date of achievement	actual date of achievement	person responsible	deliverables	Activities completed - Month 3 - October 2004	attachments
contributing to non conformity									<p>to make changes to the HSOM scores that will allow Fostering Healthy Children to identify why medical, dental, or mental health items are overdue and why. This will allow Chris Chytraus to enhance the number of providers for certain areas or identify better the barriers that are preventing timely care for children. The following work on the project has been completed: Once a nurse receives a report that follow -up care is needed or a referral has been made for a child, the nurse enters a record in SAFE indicating a child has a follow -up need. The nurse is then prompted via the Notifications screen that follow -up care is coming due, is overdue, or is incomplete (in case no due date was entered). The system of Notifications ensures the Nurse is notified of a child that has uncompleted medical, dental, or mental health needs. Once the care has been completed, the Nurse enters a date in the appropriate field and the Notification is cleared.</p>	

Item contributing to non conformity	goal	method of measuring improvement	goal/measure percent of improvement	action steps toward achieving goal	projected date of achievement	actual date of achievement	person responsible	deliverables	Activities completed - Month 3 - October 2004	attachments
				22.1.2 Develop and implement a plan to reduce/eliminate barriers and improve follow up completion	July 2005		perm and family based pm and director of fostering health children	plan for implementation	***	

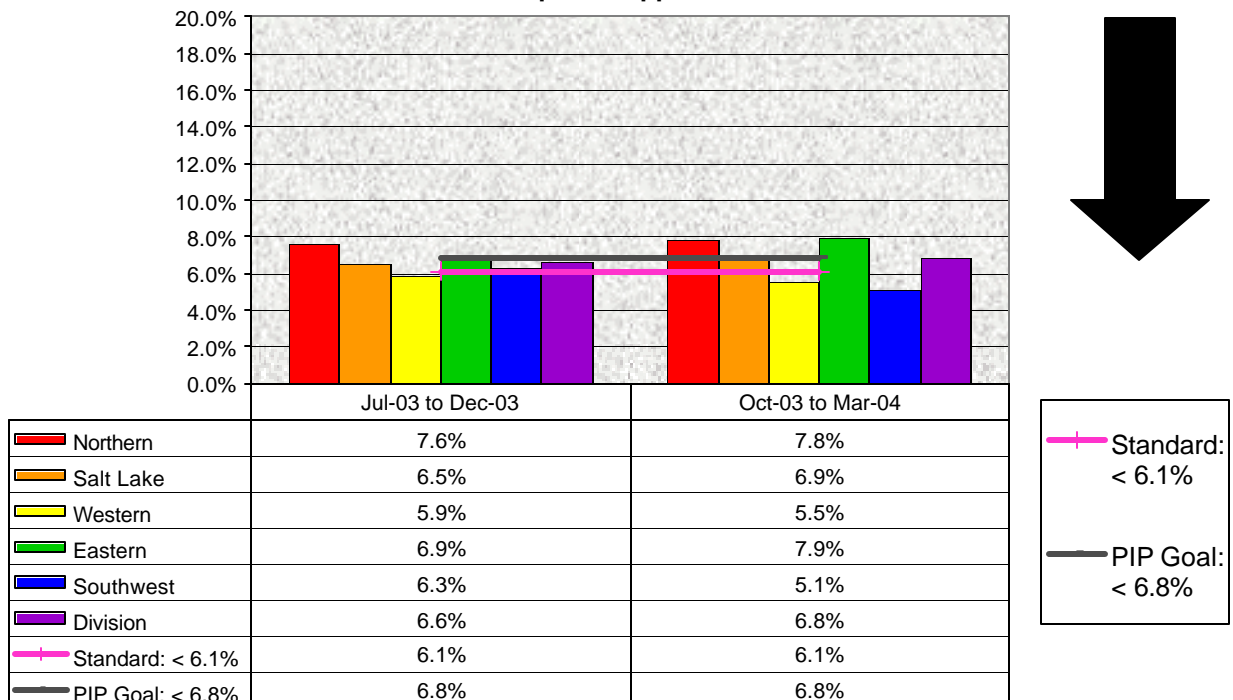
Data

Quarterly Data Report QCR and CPR Data

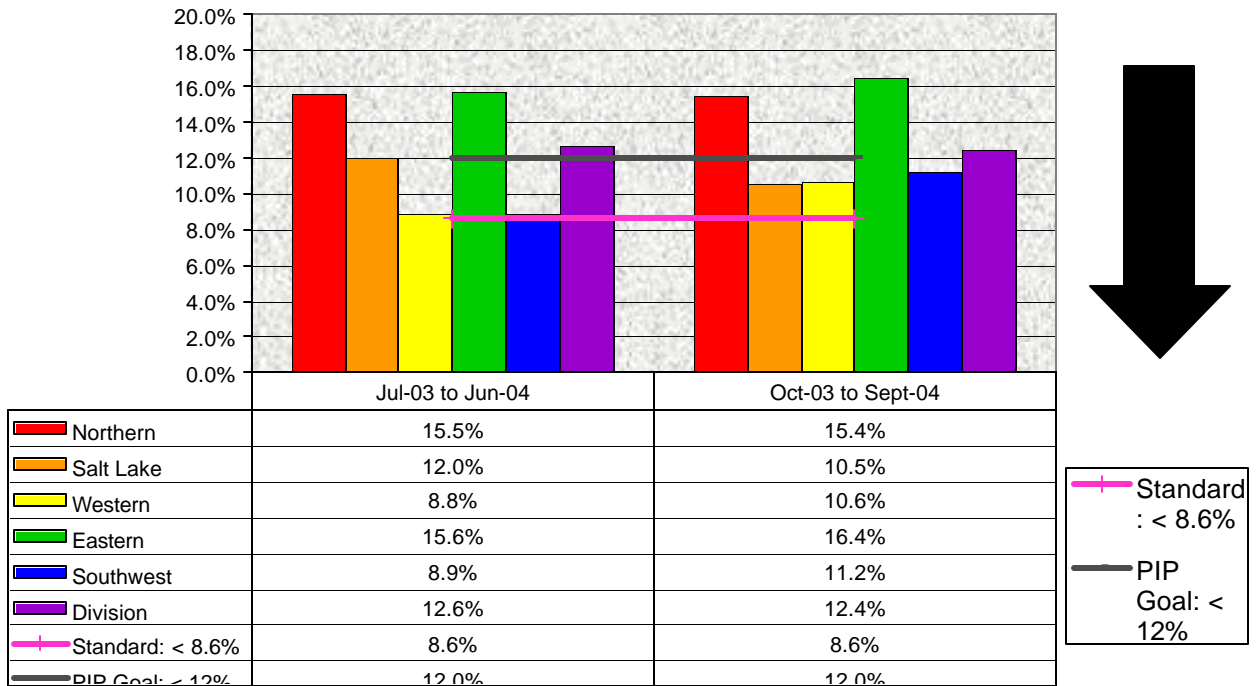
Percent of Priority Timeframes Met on Time



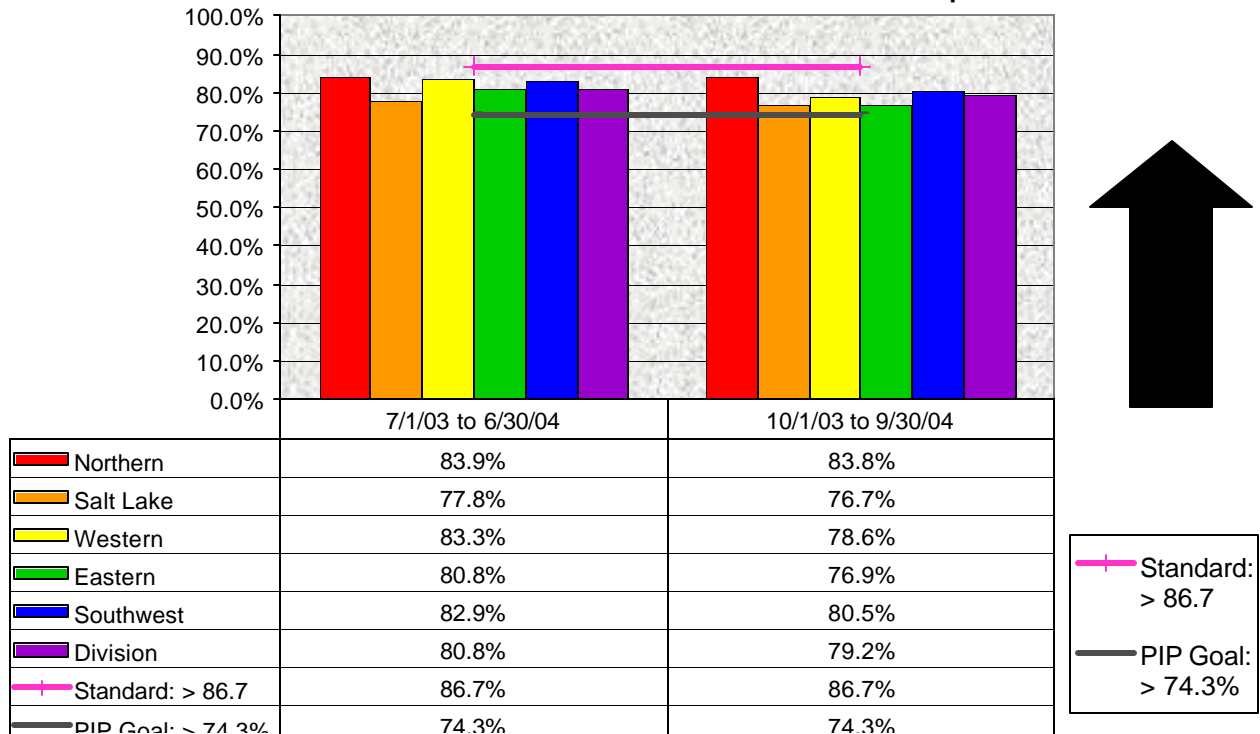
Percent of Children with Subsequent Supported CPS Cases within 6 months



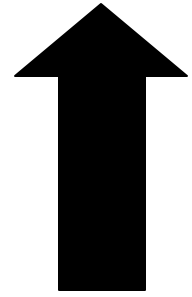
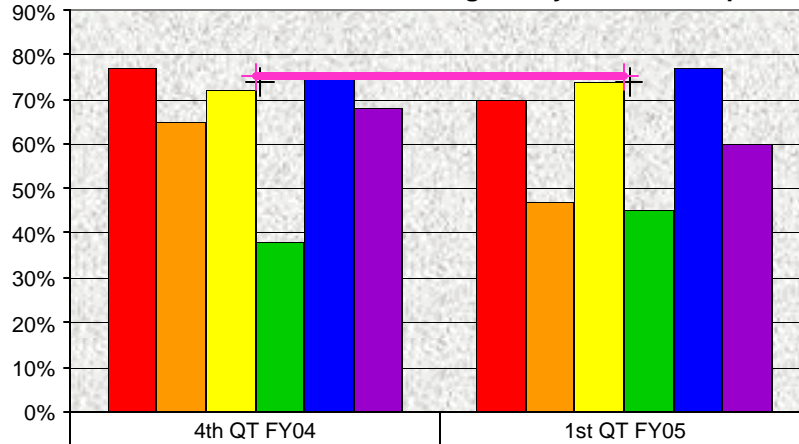
Percent of Children who Re-entered within 12 months of a Prior Removal



Percent of Children in Care 12 months or less with fewer than 2 placements



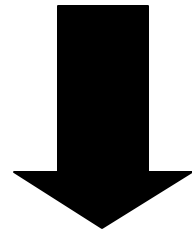
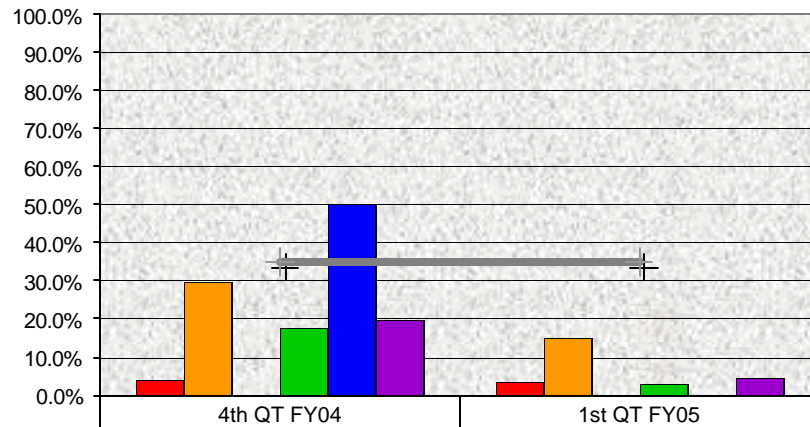
Percent of Removals Asking Family about Kinship



PIP Goal: > 75%

	4th QT FY04	1st QT FY05
Northern	77%	70%
Salt Lake	65%	47%
Western	72%	74%
Eastern	38%	45%
Southwest	75%	77%
Division	68%	60%
PIP Goal: > 75%	75%	75%

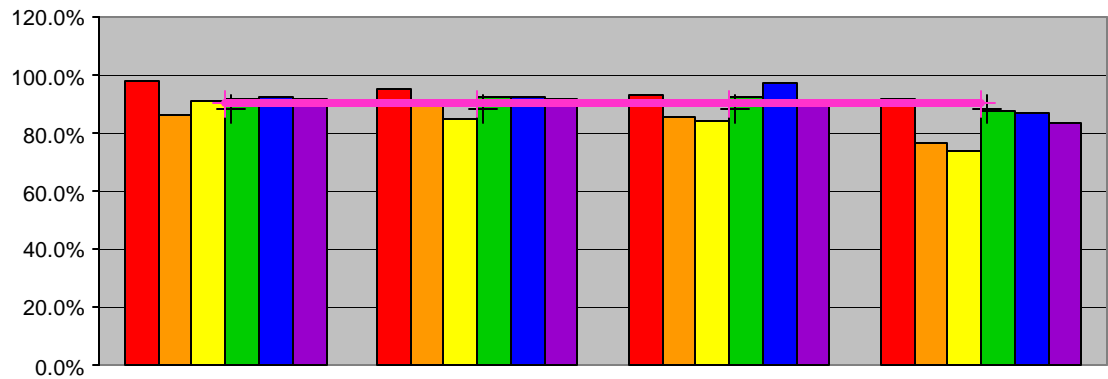
Percent of American Indian SCF Children without Tribal Information Entered



PIP Goal: < 35%

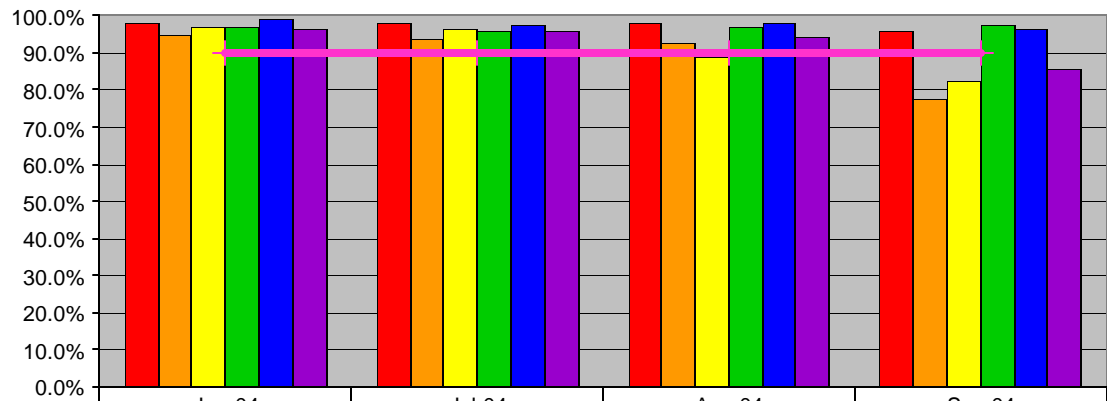
	4th QT FY04	1st QT FY05
Northern	4.2%	3.7%
Salt Lake	29.6%	14.8%
Western	0.0%	0.0%
Eastern	17.6%	2.7%
Southwest	50.0%	0.0%
Division	19.5%	4.6%
PIP Goal: < 35%	35%	35%

Percent of Home Based Cases with at least one visit in month



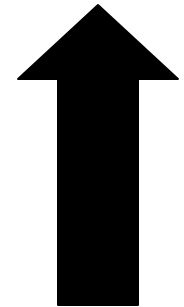
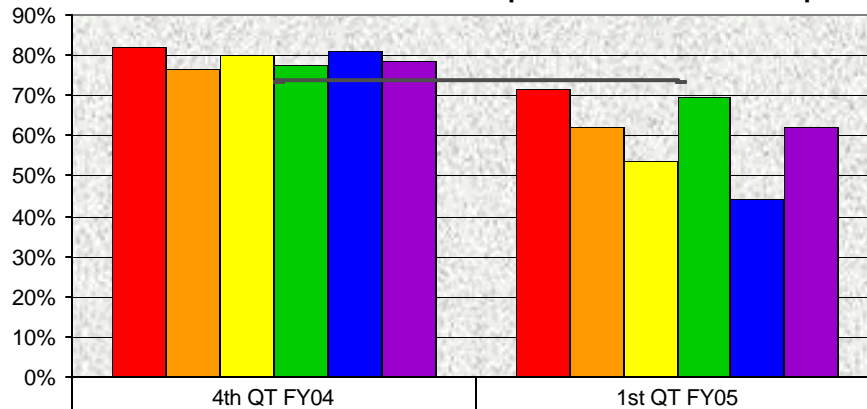
	Jun-04	Jul-04	Aug-04	Sep-04
■ Northern	97.6%	95.5%	93.3%	91.7%
■ Salt Lake	85.8%	90.0%	85.5%	76.8%
■ Western	91.0%	85.0%	84.0%	74.0%
■ Eastern	91.8%	92.4%	92.7%	87.7%
■ Southwest	92.5%	92.2%	97.1%	87.1%
■ Division	91.5%	91.3%	89.5%	83.1%
— PIP Goal: > 90%	90%	90%	90%	90%

Percent of SCF Cases with at least one visit in month



	Jun-04	Jul-04	Aug-04	Sep-04
■ Northern	98.1%	98.1%	98.1%	95.8%
■ Salt Lake	94.7%	93.9%	92.6%	77.3%
■ Western	97.1%	96.6%	88.6%	82.3%
■ Eastern	96.7%	95.8%	96.7%	97.2%
■ Southwest	99.2%	97.6%	98.3%	96.6%
■ Division	96.3%	95.6%	94.1%	85.8%
— Pip Goal: > 90%	90%	90%	90%	90%

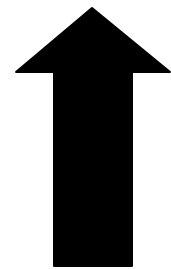
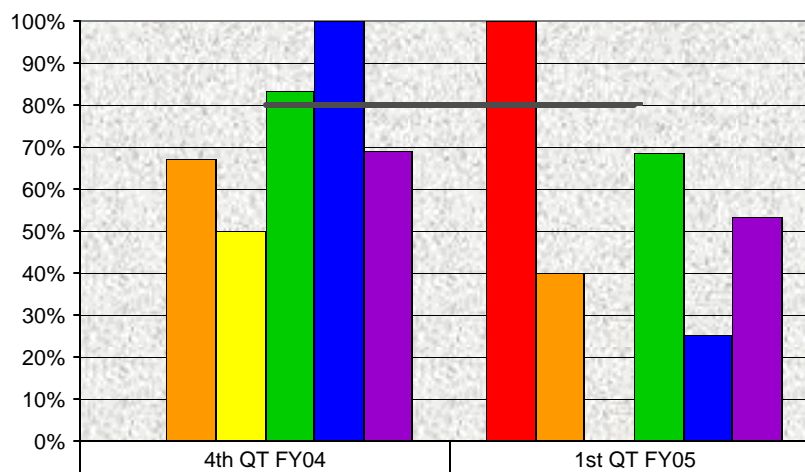
Percent of Children with completed Medical follow-up



— PIP Goal:
>73%

	4th QT FY04	1st QT FY05
Northern	82%	72%
Salt Lake	77%	62%
Western	80%	54%
Eastern	78%	70%
Southwest	81%	44%
Division	79%	62%
PIP Goal: >73%	73%	73%

Percent of Children with Completed Mental Health Follow-up



— PIP Goal:
> 80%

	4th QT FY04	1st QT FY05
Northern	0%	100%
Salt Lake	67%	40%
Western	50%	0%
Eastern	83%	68%
Southwest	100%	25%
Division	69%	53%
PIP Goal: > 80%	80%	80%

*Blanks indicate Not
Applicable - No
referrals

Foster Care CPR Scores for 2004 used as PIP measurements

	2003	2004	standard
IVA3. Were the following team members involved in creating the current child and family plan?			
a. the natural parent(s)/guardian?	63%	43%	85%
b. the stepparent (if appropriate)	46%	20%	85%
c. the child? (age 5 and older)	57%	45%	85%

In Home CPR Scores for 2004 used as PIP measurements from the Office of Services Review 2004 Annual Report

	2003	2004	standard
3. Were the following team members involved in the development of the current child and family plan?			
a. the natural parent(s)/guardian	47%	37%	85%
b. the stepparent (if appropriate)	36%	39%	85%
c. the target child(ren) (age 5 and older)	26%	25%	85%

QCR Scores for 2004 used as PIP measurements from the Office of Services Review 2004 Annual Report

Child and Family Status	# of cases acceptable	# of cases needing improvement	PIP goal	FY03	FY04
Prospects for Permanence	120	45	65%	59.6%	72.7%
State System Performance					
Child and Family Team Coordination	131	34	64%	60.8%	79.4%
Functional Assessment	105	59	60%	52.4%	64.2%
Long-Term View	107	58	50%	43.4%	64.8%
Child and Family Planning Process	119	46	65%	62%	72.1%
Tracking and Adaptation	134	31	70%	68.7%	81.2%
Child and Family Participation	136	29	70%	67.3%	82.4%

Addendum

Index to the addendum

A. Supervisor Conference Proposed agenda	1
B. PIP Kick Off PowerPoint presentations	4
C. SAFE PIP Support	29
D. CPS Practice Alerts	33
E. First Responder Focus Group information	35
F. Charter – Kinship/BCI Workgroup	44
G. Draft Kinship Brochure	48
H. Kinship Support Pilot Project	50
I. Independent Living	54
J. Documentation Training Index	56
K. Update – October 2004 issue	62
L. Physical and Mental Health follow up treatment	74

Supervisor Conference Proposal

When: Tuesday and Wednesday, November 9 and 10, 2004

Where: Salt Lake City, UT University of Utah Guest House

Audience: Child and Family Services Supervisors (Includes any employee who supervises others, as well as other administration as invited by their Region Director.

Possible Themes/Titles: “Targeting Supervision through Leadership and Management Tools”

Outcomes:

1. Supervisors use tools effectively to manage needs and requirements from multiple sources.
 2. Supervisors identify themselves as having a clearly defined role and responsibilities for continuous improvement.
 3. Supervisors see themselves as part of a team of administration who share innovations and maintain connections.
-

Goals and Objectives:

1. Value ourselves and value others
 2. Use tools to manage needs and requirements from multiple sources.
 3. Use leadership to create environment for success
 4. Use data to manage effective response for work unit to PIP
 5. Share innovations and motivations regarding tools to manage multiple source demands
 - Documentation
 - Staff meetings
 - Practice improvement initiatives
 - Mini QCRs
-
-

Breakout Session Brainstorm:**1. PIP Data Elements and how to interpret data (Navina and Training Team)**

Work with Navina to create a written curriculum for this presentation that we can use as a building block for supervisor curriculum.

Instructions for accessing reporting for PIP.

For each PIP Element:

- Practice Context.
- Nature and Source of Data and How Documented.
- Why data piece is important.
- Organizational issues related to the data.
- Data report and interpretation.

2. Using Management Tools

- a. Defining targeted supervision
- b. Discussion of mgt tools for targeted supervision
- c. Input from supervisors on needs for training

3. Leadership for Continuous Improvement (Richard)

- a. Using measurement tools to motivate
 - Performance Plans (training, mentoring, performance goals, incentives)
 - QCR, CPR, CFSR, PIP
- b. Using feedback tools (data) to focus work
 - Improve and develop practice
 - Address areas of need and gaps
- c. Leadership (select a few concepts)
- d. How to use training and mentoring (coaching)
 - Figuring out who can mentor what
- e. Asking for Help: Program Managers and other State Office Staff, Region Administration and Trainers, Clinical Consultants, Partners, etc.

4. Performance Improvement Plan and the Practice Environment

- a. PIP in a practice context
- b. Discussion of practice and data issues and how they will be addressed over the two years course of the PIP

Plenary Sessions/Keynotes:

Richard Anderson Q and A

National speaker (Dr. Viola Miller, Commissioner, Tennessee; Vivian Hurt, Trainer, Kentucky; Susan Kanak, NRC of OD)

- Speak to national themes that we share
- Help supervisors feel valued from a different perspective
- Provide validation and motivation to supervisors

Draft Agenda

Tuesday, November 9

8:30am Richard Anderson Welcome and Introductions

9am Breakout Sessions (2)

1:45 – 4:15pm Breakout Sessions (2)

Wednesday, November 10

8 – 9:45am Breakfast and Keynote Speaker

10am – 12:15pm Sharing Innovations (Todd)

Regional breakouts?

12:30 – 2:00pm Lunch, Awards, Richard Q and A

**ANNOUNCING
A NEW ARRIVAL!**

...and it's a P.I.P!

slide 1



**"I will not have to be hurt like this
again!"** (Recidivism)

slide 4

**PROGRAM
IMPROVEMENT PLAN**

- Synonymous with Continuous Improvement are . . .
- Designing & Implementing disciplined professional practice
- Delivering honest outcomes for safety, permanence and well-being

slide 2



**"You made it so my mommy and daddy
can keep me safe!"**

(Parent Involvement)

slide 5

VISION



**"When I need protection from abuse
and neglect you come quickly"**

(First Responder time frames)

slide 3



"Thanks for keeping my dad involved."

(Parent Involvement)

slide 6



"I went to a strangers home, but I only had to go one time." (Stability of Placement)

slide 7




"I have a say in what happens to me."
(Child and Family Involvement)

slide 10




My permanent home was given to me as fast as possible." (Timeliness)

slide 8



"I am leaving the care of the state as a young adult and feel that I have been given what I need to live successfully!"
(Adult Transitions)

slide 11



"I did not have to give up everyone important to me and the things that make me who I am when I had to leave my parents." (Kinship and Cultural Connections)

slide 9

CONTINUOUS IMPROVEMENT

■ From "Enlightened Leadership"...

All the reasons we can't get there from here

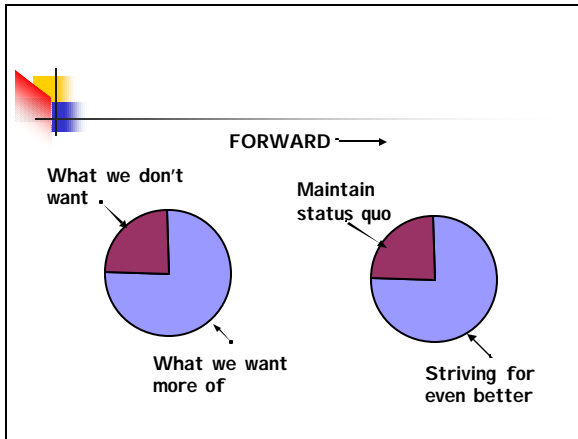
FORWARD →

What we can't do

What we can do

The objective & what can be done to achieve it

slide 12



slide 13



slide 16

DISCIPLINED PRACTICE

Takes learning, dedication, & focus...

- We learn together
- We trust each other's motivations
- We maintain better focus

slide 14

CHILD & FAMILY SERVICES

Two years into the future . . .

- How will you be?
- How will our division team be?
- How much better will the children and families be?

slide 17

LOOK WHAT WE'VE DONE!

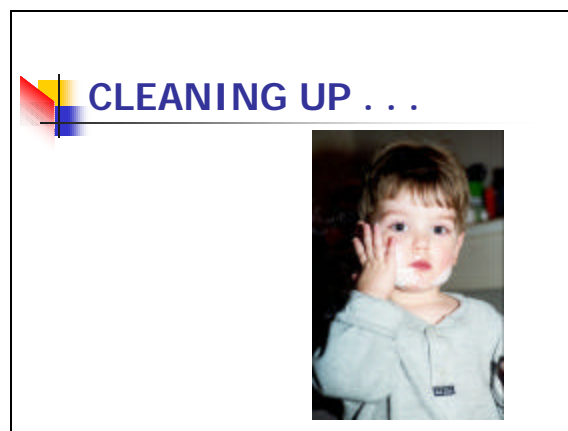
State System Performance:

	FY00	'01	'02	'03	'04
Overall:	41.6	57.1	57.7	66.3	84.2

State Child Status:

Overall:	78.2	84.7	91.7	92.8	94.0
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slide 15



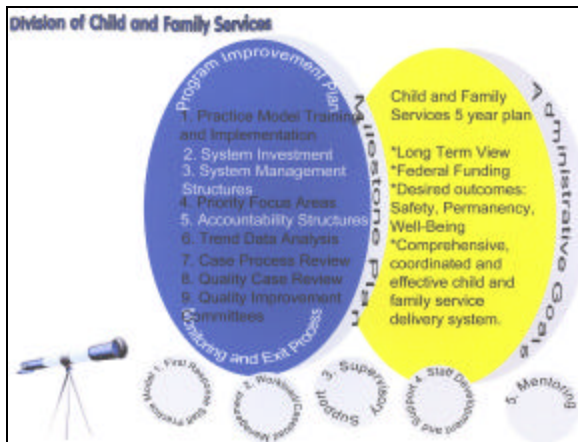
slide 18



REGION PLAN

- Communications Strategy
- Supervisory Approaches
- Action Steps on each of 28 Items
- Communication Plan Between Region and State Office
- Partner Involvement

slide 19



slide 20



On Your Mark



Row Row Row

slide 21

On Your Mark! Get Set! Go!

Two years of Program Improvement Plan

slide 1

Child and Family Services Review Structure

- Data Indicators
 - Utah was in conformity on :
 - Abuse in Foster Care
 - Time to Reunification
 - Time to Adoption
 - Utah was not in conformity on:
 - Repeat maltreatment
 - Foster Care Re-entry
 - Placement Changes

slide 4

Child and Family Services Review Structure

- Data Indicators
- Statewide Assessment
- On Site Review
- Final Report
- Program Improvement Plan

slide 2

Child and Family Services Review Structure

On-Site Review

- Outcomes – 7 total
 - 2 Safety
 - 2 Permanence – scored on foster care cases only
 - 3 Well being
 - Outcomes are passed at 90% and above

slide 5

Child and Family Services Review Structure

Data indicators – 6 total

- 2 Safety
- 4 Permanence
- Data indicator standards were developed by finding the 75th percentile of the data submitted by the states. To be in compliance you must be at or above 75%

slide 3

Child and Family Services Review Structure

On Site Review

- Systemic Factors – 7 total
 - Information system (SAFE)
 - Case Review
 - Quality Assurance
 - Training
 - Service Array
 - Responsiveness to the Community
 - Foster and adoptive parent licensing, training, retention

slide 6

Child and Family Services Review Structure

On Site Review

- Both the Outcomes and the Systemic factors include items
 - The number of items varies with each outcome or systemic factor
 - Items are passed at 85% and above

slide 7

Safety 1

Score on the CFSR

- Children are, first and foremost, protected from abuse and neglect
 - Item 1 - timely investigation
 - Item 2 - repeat maltreatment

slide 10

Utah's scores

Utah scored in the top 3 states scoring in conformity on 2 outcomes and 6 systemic factors

Only North Dakota scored higher with 2 outcomes and all 7 systemic factors in conformance

Kansas scored the same as Utah with 2 outcomes and 6 systemic factors

slide 8

Timeliness of Investigation

PIP Measurement

- Percent of CPS cases meeting the priority timeframe

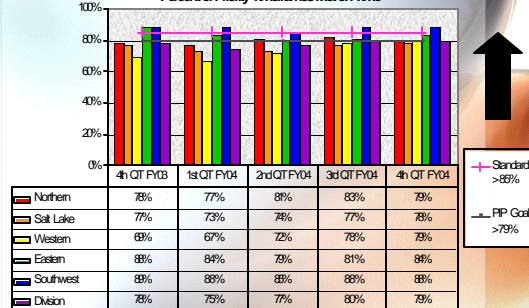
Passing – 85%

slide 11

The CFSR and the PIP

slide 9

Percent of Priority Timeframes Met on Time



slide 12

What workers can do

- Accurately document the “time first seen” for CPS referrals.
- If you have missed the priority timeframe, document why it was missed.

slide 13

What workers can do

- Check for currently open cases on the same client. Can new allegations be added rather than opening a new case?
- Do not enter a finding of “supported” on court ordered cases
- Consciously use Practice Model skills in CPS work

slide 16

Repeat Maltreatment

PIP Measurement

- Percent of victims who are re-abused within 6 months of a CPS substantiation.

7.7%

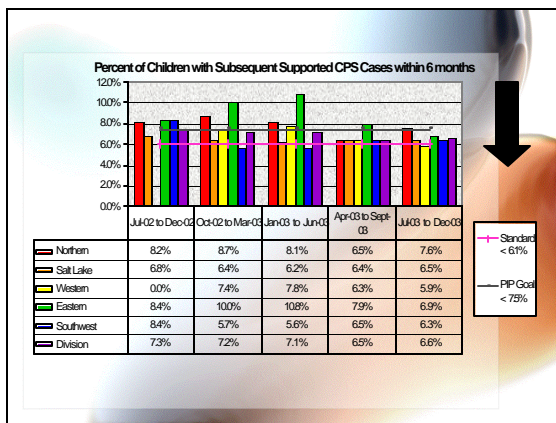
Passing – 6.1%

slide 14

Safety 2

- Children are safely maintained in their home whenever possible and appropriate
 - Item 3 – steps taken to protect children in home to prevent removal
 - Item 4 – risk of harm

slide 17



slide 15

Permanence 1

Score on the CFSR

- Children have permanency and stability in their living situation
 - Item 5 - Foster care or country
 - Item 6 - Stable placement
 - Item 7 - Permanency plan for child
 - Item 8 - Reunification, guardianship, or permanent placement with relatives
 - Item 9 - Adoption
 - Item 10 - Permanency goal of other planned permanent living arrangement

slide 18

Foster Care Re-entry

PIP Measurement

- Percent of children who re-enter foster care within 12 months

14.5%
12%

Passing – 8.6% or less

slide 19

Stability of Placement

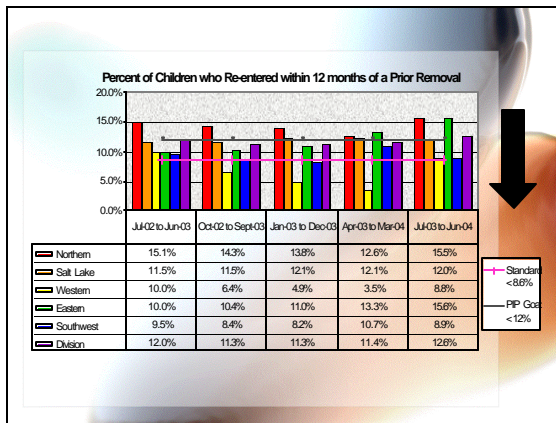
PIP Measurement

- Percent of children who have no more than 1 placement change within the first 12 months of care

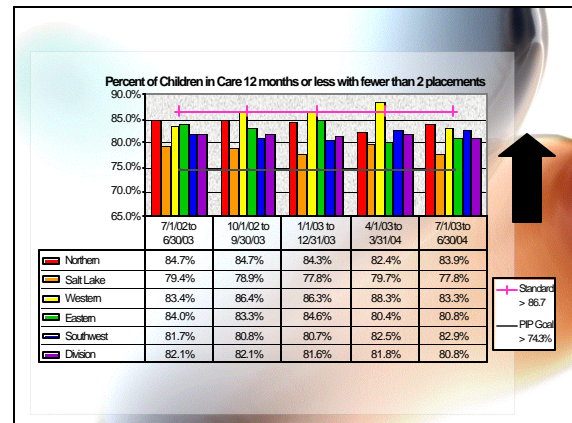
72.4%
74.3%

Passing – 86.7% or more

slide 22



slide 20



slide 23

What workers can do

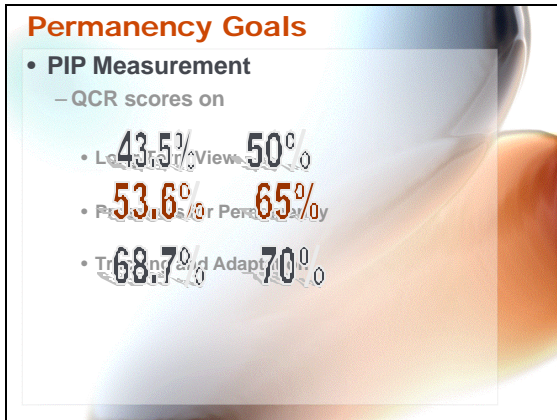
- Fully disclose information to both the biological family and kinship placement candidates
- Explain the expectations and the supports available to kinship provider candidates

slide 21

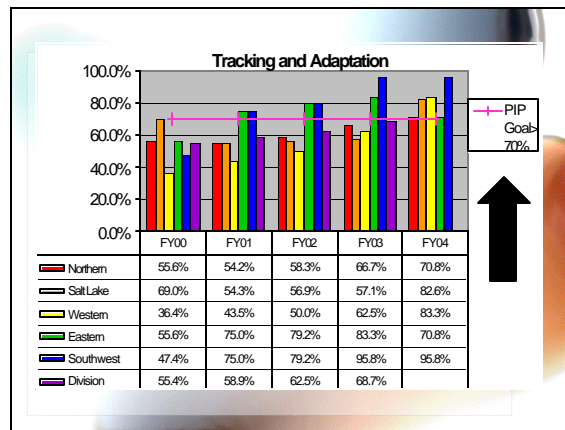
What workers can do

- Use the Functional Assessment to begin to identify the needs of each child prior to placement as well as identifying resource families' abilities so that the best placement can be made for each child

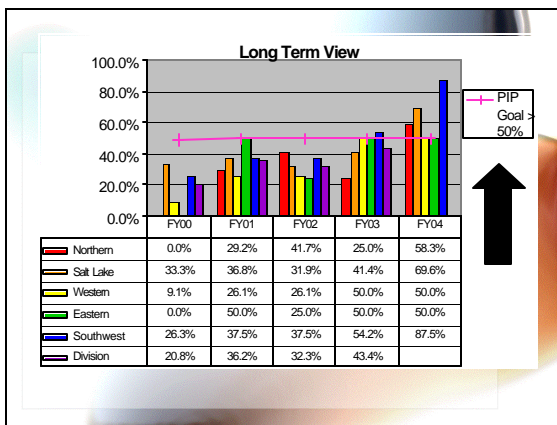
slide 24



slide 25



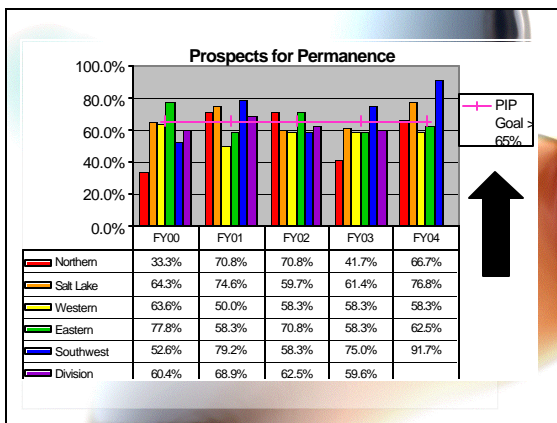
slide 28



slide 26

- ### What workers can do
- Select appropriate permanency and concurrent goals for each child and document the reason for the goal selected
 - Monitor time in custody (15 of 22 months) and notify AAG regarding TPR requirements
 - Document exceptions to TPR requirements

slide 29



slide 27

- ### Permanence 2
- #### Score on the CFSR
- The continuity of family relations and connections is preserved for children
 - Item 11 - Preserving connections with family members
 - Item 12 - Preserving connections with siblings
 - Item 13 - Visiting with parents and siblings in foster care
 - Item 14 - Preserving connections
 - Item 15 - Relative placement
 - Item 16 - Relationship of child in care with parents

slide 30

Preserving Connections

PIP Measurement

- SAFE report on number of American Indian children without tribal information in the system

54% 35%

slide 31

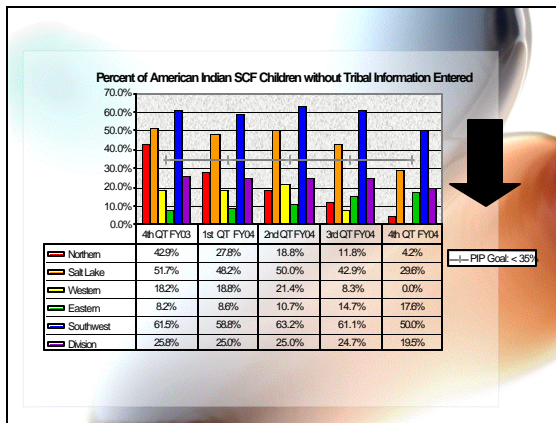
Kinship Placement

PIP Measurement

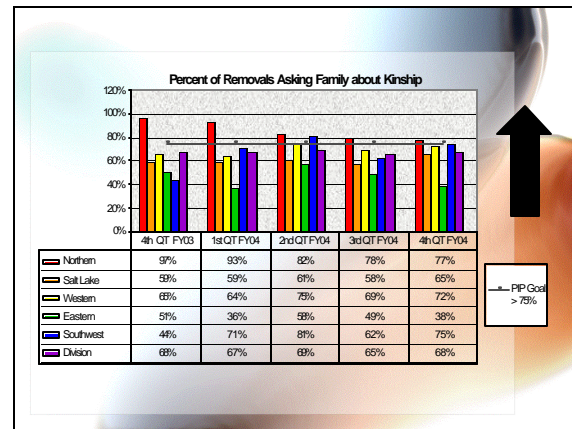
- SAFE report on removals where kinship connections were explored with the family

68% 75%

slide 34



slide 32



slide 35

What workers can do

- Attend training on ICWA
- Ask about possible Tribal affiliation throughout the life of each case
- Document Tribal information on SAFE
- Look for ways to support Tribal, cultural, ethnic, and religious connections
- Mentor foster parents on their role in providing connections

slide 33

What workers can do

- Search for both maternal and paternal kinship placement candidates
- Document your search

slide 36

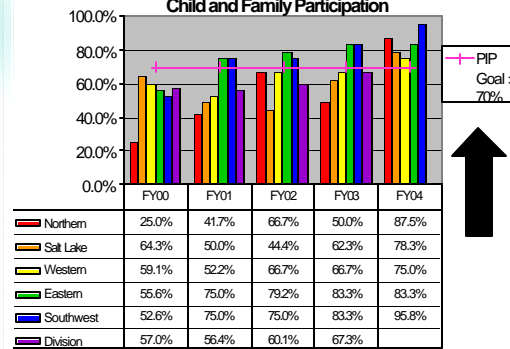
Well-Being 1

Score on CFSR

- Families have enhanced capacity to provide for their children's needs.
 - Item 17 - Needs and capacities of the child, parent and family
 - Item 18 - Child and family involved in case planning
 - Item 19 - Worker visits with child
 - Item 20 - Worker visits with parent

slide 37

Child and Family Participation



slide 40

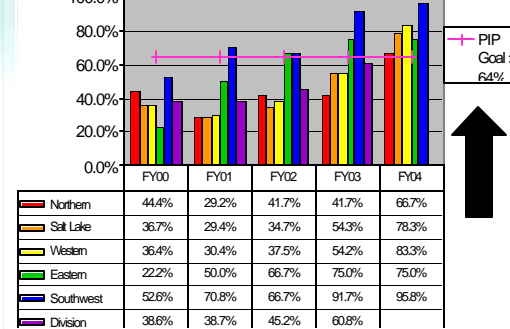
Needs and Services

PIP Measurements

- QCR Functional Assessment: 52.4% (Goal: 60%)
- SAFE report on involvement of fathers in Child and Family Teams: new
- CPR report on parents' involvement on Child and Family Team: 47% (Goal: 55%)
- QCR report on Child and Family Participation: 67.3% (Goal: 70%)
- Child and Family Team Coordination: 60.8% (Goal: 64%)
- Child and Family Planning: 62.0% (Goal: 65%)

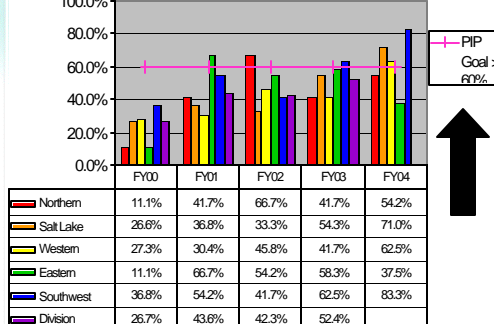
slide 38

Child and Family Team Coordination



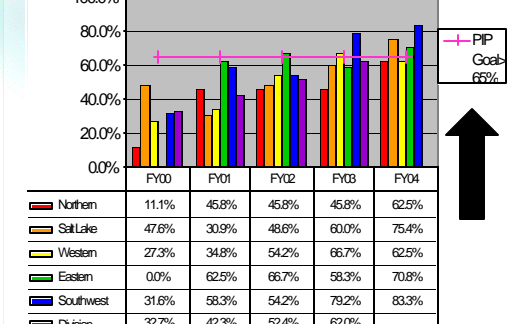
slide 41

Functional Assessment



slide 39

Child and Family Planning



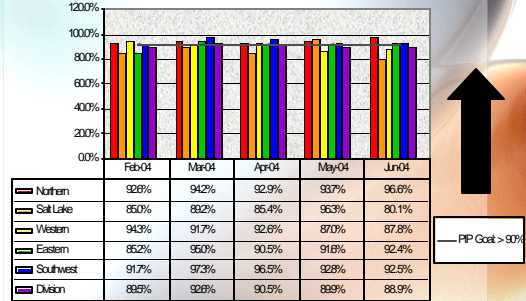
slide 42

What workers can do

- Involve children and their families in case planning activities
- Involve fathers in case planning activities when appropriate
- Ensure that there is a written case plan that has been developed with the child and family
- Document the family's involvement in case planning activities

slide 43

Percent of Home Based Cases with at least one visit in month



slide 46

Worker Visits

• PIP Measurements

- SAFE report on worker visits to the child.
- SAFE report on worker visits to the parent.

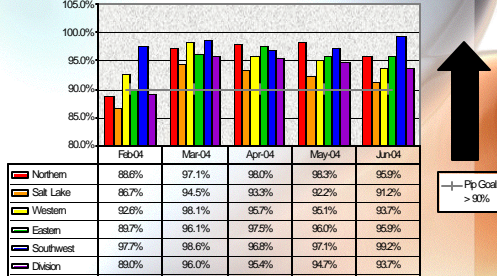
slide 44

What workers can do

- Make visits a priority
- Visit the child in his/her out-of-home placement at least once each month
- Make visits purposeful – work on assessing needs, setting goals, and identifying services

slide 47

Percent of SCF Cases with at least one visit to child in month



slide 45

Well Being 2

- Children's services to meet needs
- Educational

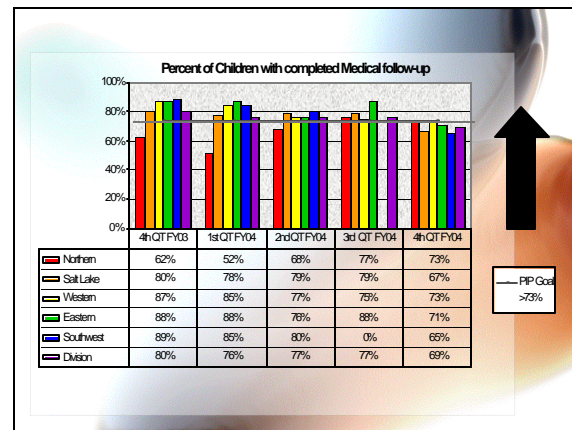
slide 48

Well Being 2

Score on the CFSR

- Children receive appropriate services to meet their physical and mental health needs
 - Educational needs of the child

slide 49



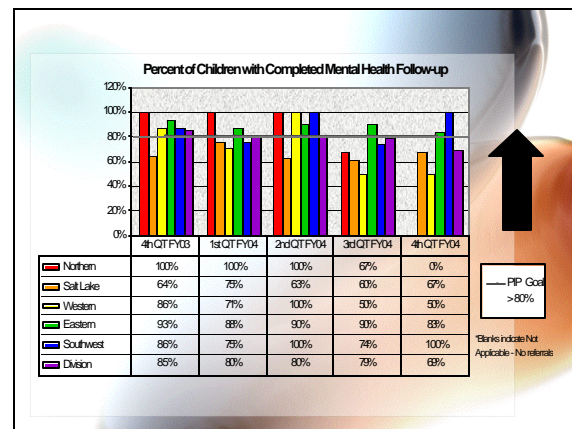
slide 52

Well Being 2

Score on the CFSR

- Children receive adequate services to meet their physical and mental health needs
 - Physical health of the child
 - Mental health of the child

slide 50



slide 53

Health and mental health follow up

PIP Measurements

- SAFES report on health follow up: 69.7% (Goal: 78%)
- SAFES report on mental health follow up: 73% (Goal: 80%)

slide 51

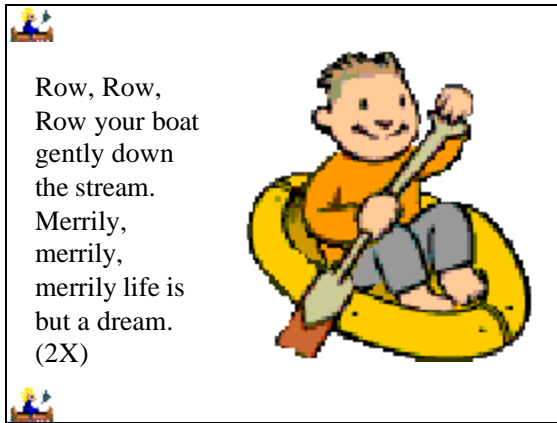
What workers can do

- Make sure that any follow up treatment requested in medical, dental or mental health evaluations or assessments is completed

slide 54



slide 55



slide 1



slide 4



slide 2



slide 5



slide 3



slide 6



slide 7

Performance Improvement Plan Meeting Responses

Strengths			
Strengths	Region	What made this possible?	How can extend or improve on this strength?
General			
<ul style="list-style-type: none"> o Good communications o Ask for input/feedback o Better teaming, not separate o Appreciated for good work 	Salt Lake		
<ul style="list-style-type: none"> o Got back incentives and educational assistance – so is focused on employee once o State staff is accessible and friendly 	Western		
<ul style="list-style-type: none"> o Contact in the state office is responsive o Coming up with solutions 	Northern		
<ul style="list-style-type: none"> o Support in process 	Eastern		
<ul style="list-style-type: none"> o Better communication, trust o State office advocates and dedication 	Southwest		
Program Managers			
<ul style="list-style-type: none"> o Fully staffed o Adoption program follow through 	Salt Lake		
<ul style="list-style-type: none"> o Can call and people are helpful, responsive and willing to come down o Good follow-up from out of home on case – full answer and help on case – thorough answer 	Western		
<ul style="list-style-type: none"> o Angela is a great support to resource family consultants o ICWA is great 	Northern		
<ul style="list-style-type: none"> o CPS is available/ availability with caseworkers and supervisors o Bring specialty together, Adoption/ICWA 	Eastern		

Strengths	Region	What made this possible?	How can extend or improve on this strength?
<p>Leadership</p> <ul style="list-style-type: none"> ○ Excellent leadership [Adam, Richard, LaRay] ○ Support for pilot projects ○ Biggest and closest to state office 	Salt Lake		
<ul style="list-style-type: none"> ○ Helpful book to see who to contact ○ Linda Wininger is accurate, timely and knowledgeable ○ Newsletter – Update – nice to get to hear what is happening ○ Strong leadership <ul style="list-style-type: none"> now – know what is going on, specific issues, broad picture, staff – feel supported ○ Richard and Patti visit in region. Nice to see that they know we are here. ○ Technology and support to stay up with legislative changes – making jobs easier 	Western		
<ul style="list-style-type: none"> ○ Director who listens and responds ○ Linda Wininger’s help with support staff 	Northern		
<ul style="list-style-type: none"> ○ Have the big picture on direction ○ Richard is responsive director – all input is acceptable ○ Good quality newsletter ○ Administration sees difference between rural and urban – acknowledgement of local issues ○ Participation in QCR – big picture 	Eastern		
<ul style="list-style-type: none"> ○ Clear direction ○ Consistent direction – director/admin. ○ Open door policy ○ Support Staff conference ○ Richard/admin. tours ○ Common goals ○ Clear goals 	Southwest		

Strengths	Region	What made this possible?	How can extend or improve on this strength?
Training <ul style="list-style-type: none"> ○ Link in training ○ Participation in Think Tank ○ Salt Lake and state office work well together ○ Strong commitment to training ○ Region taking an initiative for good, comprehensive training ○ Clinical initiative for quarterly training – CEUs and good speakers 	Salt Lake		
<ul style="list-style-type: none"> ○ DV APM changes implemented and distributed quickly. Responsive to change ○ Love the trainings – CWI 	Western		
<ul style="list-style-type: none"> ○ Two-way communication – training ○ Supervisor training input from regions invaluable 	Eastern		
Data <ul style="list-style-type: none"> ○ Cooperation with data information 	Salt Lake		
<ul style="list-style-type: none"> ○ Navina is incredible and patient 	Western		
<ul style="list-style-type: none"> ○ Data has been fabulous ○ Navina’s research 	Northern		
SAFE <ul style="list-style-type: none"> ○ SAFE training 	Salt Lake		
<ul style="list-style-type: none"> ○ SAFE – easy to get help and support, responsive ○ Keeping up with technology 	Western		
<ul style="list-style-type: none"> ○ SAFE is very responsive 	Northern		
<ul style="list-style-type: none"> ○ SAFE practice alert – timely communication 	Eastern		
Finance <ul style="list-style-type: none"> ○ Linda O’Brien is helpful in making system work 	Western		
<ul style="list-style-type: none"> ○ Cosette is a great source of information 	Northern		

Needs	Region	What is being done to address this need?	What could be done better or differently?	What are next steps?
<p>Communication</p> <ul style="list-style-type: none"> ○ Delays in information coming to the regions ○ Need timelines in smooth manner ○ Ask to implement before regions know ○ Not understand reasons ○ Lack of discussion or feedback on state changes – conflicting messages ○ Appears there are several directions at once – different people give different messages 	Salt Lake			
<ul style="list-style-type: none"> ○ To know where we are doing well ○ Staff needs to see PIP information ○ Expertise – when need to know more about policy – interpretation of policy ○ Interpretation of Practice Guidelines to be consistent around the state, direction on what interpretation is ○ National trends and other states 	Western			
<ul style="list-style-type: none"> ○ Getting conflicting messages ○ Emails or feedback about where things are 	Northern			
<ul style="list-style-type: none"> ○ Justify use and non negotiable ○ Voice for front line workers’ input ○ Need of state office for input from regions ○ Communicate issues or process information and resolve issues about unknowns 	Eastern			
<ul style="list-style-type: none"> ○ Need more direct communication or support to line workers ○ Current organizational charts ○ Fear of change in the system 	Southwest			

Needs	Region	What is being done to address this need?	What could be done better or differently?	What are next steps?
<p>Process</p> <ul style="list-style-type: none"> ○ Informal process or person to get information to regions ○ Consistency in how changes are implemented into practice ○ Resources from state office do not come down to regions – hit and miss among offices – mostly just printed materials 	Salt Lake			
<ul style="list-style-type: none"> ○ Policy changes – not notified until after being held accountable ○ Gaps in decision making – needs to focus on impact on workload 	Northern			
<ul style="list-style-type: none"> ○ See correlation between case process review and current guidelines so expectations are met ○ Excel, legible report, results easily interpreted and readable reports ○ Accurately dated – as current as possible ○ Timeframes for when changes are implemented ○ Process for data collection and OSR ○ Interpretation of new statutes in timely manner ○ Help with directives – how to implement and practice – identify unrealistic expectations ○ Simplify documentation process and functional assessment ○ Representation on workgroups from all regions ○ Notice about guideline changes and implementation 	Eastern			
<ul style="list-style-type: none"> ○ Consumer complaints ○ Distance considerations in scheduling meetings ○ Consideration for office/area/cultures ○ Auditors on the same page 	Southwest			

<p>Roles</p> <ul style="list-style-type: none"> ○ Not clear what state office does for regions ○ Clarify state workers' roles and helps ○ Disconnect between line worker and state office perception 	Salt Lake			
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Needs	Region	What is being done to address this need?	What could be done better or differently?	What are next steps?
<ul style="list-style-type: none"> ○ Need a Regional Director and an Assistant Director ○ Roles of program managers – be available to come to staff meetings 	Eastern			
<p>Issues</p> <ul style="list-style-type: none"> ○ Cross regional placement problems ○ Understanding and use of state funding ○ Turnover and retention ○ Other state departments do not provide what DCFS needs – interdepartmental issues for services and treatment ○ Providers to provide Practice Model, contracts are not focused on ability to meet individual needs 	Salt Lake			
<ul style="list-style-type: none"> ○ Constant turnover – would be valuable to have funded FTEs constantly in training – can't support with caps now ○ Help facilitate interregional issues, especially making placements ○ Raise in pay, lobby with legislature ○ Flowchart for hiring ○ Benefits questions for new employees – to position self to take advantage of retirement – need as self-care strategy 	Western			
<ul style="list-style-type: none"> ○ Keeping workers in their positions ○ ICPC is slow ○ Training Judges about ICPC 	Northern			
<ul style="list-style-type: none"> ○ Young children with big problems – need for services ○ More upfront intervention possibilities ○ State support on tribal and INS 	Eastern			

Needs	Region	What is being done to address this need?	What could be done better or differently?	What are next steps?
<p>Leadership</p> <ul style="list-style-type: none"> ○ Vision and long-term view are not communicated to regions ○ Cases are difficult but expectations are to solve in ideal terms ○ Make families fit program, not program to fit families 	Salt Lake			
<ul style="list-style-type: none"> ○ To keep region on track – to remind to stay on track ○ Statewide way of doing business 	Western			
<p>Training</p> <ul style="list-style-type: none"> ○ Child Welfare Institute – more specific to actual line work – not enough depth ○ Provider Practice Model training – coordinate DCFS and community practice 	Salt Lake			
<ul style="list-style-type: none"> ○ Integrating policy and practice to program areas – details about things need to work on – integrate more into training – translate into daily work 	Western			
<ul style="list-style-type: none"> ○ More program managers specific training within the region 	Southwest			
<p>Change in provider contracts</p> <p>Keep big picture view to regions</p> <p>Communicate vision of regions</p> <p>Coordinate calendars with efforts</p> <ul style="list-style-type: none"> ○ Respect workload for workgroups and focus group timeframes and keep focused <p>State office take bottom line – cross region issues input from all, not just Northern</p>	Salt Lake			
<p>More clear practice on HR – how to hire, clarify how to find things</p> <p>More creativity in hiring process</p> <p>Being able to hire in different ways to keep qualified people</p> <p>Double-fill so person leaving could be mentored</p> <p>Let people go part time</p> <p>Rural incentives</p>	Western			

Recruitment to go to rural sites Increase differential pay for rural or for languages or culture Practice Model training to introduce new person – old worker is gone – new worker not there – hiring practice impeding fulfilling practice – how to hold positions in advance				
<ul style="list-style-type: none"> ○ Consistency, intake is different in every region ○ Consistency across the board ○ Kinship specialist in regions ○ Staff and money ○ Help to know data for the region ○ Feedback when something is amiss 	Northern			
<ul style="list-style-type: none"> ○ Participation as part of the solutions from regions ○ Clear process for implementing change ○ Keep support level high ○ Set some timeframes ○ Extend attention to drive to far areas of the state 	Eastern			
<ul style="list-style-type: none"> ○ Partners on a bigger level to support success – legislature held in accountability ○ Caseworkers should not be doing drug testing ○ More Medicaid providers ○ Practice more guided by research ○ Clear direction ○ Updates, tools to accomplish goals ○ Feedback from state office ○ Help with legislative issues ○ Incentives ○ SWAT/Rapid Response Team on critical issues 	Southwest			

SAFE PIP support

August 18, 2004

KEY: SAFE current release target dates

2.511: October 15, 2004

2.520: January 15, 2005

2.530: April 15, 2005

PIP month count starts August 2004

Safety1.1 (Improve accuracy of child first seen date/times)

1. When a SAFE activity record entry with a Policies entry of “Child first seen (FTF with Victim)” is made on a CPS case lacking a Child First Seen Date/Time, at save with Status = “Final” SAFE shall perform a check comparing the activity record Date/Time with the case See by Date/Time. If the activity record Date/Time is later than the See by Date/Time, pop-up a message:

Child first seen date/time is later than the priority See by date /time for this case.

Priority See by: DDMMYY HH:MM

Child first seen (from this activity log): DDMMYY HH:MM

Is this entry for the initial face-to-face contact with alleged victim correct?”

[Yes]

[Make correction]

User shall have the options of “Yes” or “Make correction”. If user chooses “yes”, the Save process will proceed. If user chooses “Make correction” no save occurs, system returns display to the activity record with the Date field highlighted. (System must be modified to allow Date and Time updating if the record has been previously saved as “Final”.)

PIP TARGET FOR SAFE COMPLETION: Month 6

SAFE TIME FRAME: This change is specified by HMS call #33003, intended for release 2.520.

2. Add a way for an “Extenuating circumstance” exception to be recorded, for cases with missed Priority See By time frames?

PIP TARGET FOR SAFE COMPLETION: None

SAFE TIME FRAME: Not yet specified—program managers need to define the concept and its limitations first.

Safety1.2 (Reduce inaccurate records of repeat maltreatment)

1. Give regions a greater capability to undo dispositions to make referrals into additional information referrals on existing CPS cases
 - a. DCFS decide on SOPs under which region staff should/may reopen closed CPS cases to be able to include additional referrals with the original. (Char’s initial opinion is that this could be allowed for up to 30 days after case closure if other conditions are correct.)
 - b. SAFE create referral up disposition program available on a limited basis to region staff (intake supervisors?), so as to reduce the need for Help Desk intervention to perform these changes needed to add new referrals to existing cases

PIP TARGET FOR SAFE COMPLETION: None

SAFE TIME FRAME: not yet specified.

2. Eliminate the use of the CPS case type to make court-ordered assessments. These cases may inappropriately increase counts of repeat cases.
 - a. DCFS direct that these cases be set up as IHS cases by practice alert. Add an IHS case assessment types of “court-ordered investigation”.
 - b. SAFE shall obsolete the CPS allegation type of “Court-ordered”.

PIP TARGET FOR SAFE COMPLETION: Month 12

SAFE TIME FRAME: SAFE can make these two changes in the database, so needs no more than a few days’ notice to add these changes. Implementation of these changes needs to await and be coordinated with the distribution of a DCFS practice-alert to be prepared by program managers.

Permanency 1 5 (Reduce re-entries into foster care)

No SAFE changes.

Permanency 1 6 (Stability of Foster Care Placements)

No SAFE changes. Navina is using the SAFE Formal Placement table definitions to identify stability/changes in placement.

Permanency 1 7 (Proper selection of Permanency Goals)

1. SAFE shall add the requested new permanency goals.

PIP TARGET FOR SAFE COMPLETION: Month 9

SAFE TIME FRAME: For SCF, the new line-up of permanency goals has been fully specified and will be implemented in release 2.511. For children in In-home cases, these goals will be implemented in connection with release 2.530.

Permanency 1 10 (Support for children emancipating from foster care)

1. SAFE staff investigate putting Casey Assessment Tool in SAFE

PIP TARGET FOR SAFE COMPLETION: None

SAFE TIME FRAME: Not determined
2. SAFE staff investigate putting performance matrix in SAFE

PIP TARGET FOR SAFE COMPLETION: None

SAFE TIME FRAME: Not determined

Permanency 1 25 (Timely action of TPR)

1. Add TPR filing action item when child has been in custody 12 of 22 months.

PIP TARGET FOR SAFE COMPLETION: Month 12

SAFE TIME FRAME: This change is specified by HMS call #32623, intended for release 2.530.

Permanency 2 15 (Relative placement—exploring kinship options)

1. Add the capability to the SAFE removal area for a user to document that searches were made for kinship placement candidates with both maternal and paternal relative.

PIP TARGET FOR SAFE COMPLETION: Does not specify SAFE, but reporting is targeted for Month 9

SAFE TIME FRAME: This change is specified by HMS call #33004, intended for release 2.520.

Well-being 1 18.1 (Involvement of fathers on Child and Family Teams)

1. SAFE will provide documentation of fathers' involvement in these teams as a part of the Functional Assessment phase 2

PIP TARGET FOR SAFE COMPLETION: Does not specify SAFE, but reporting is targeted for Month 18

SAFE TIME FRAME: to be implemented in release 2.530.

Well-being 1 18.3 (Case planning functionality implemented)

1. Child and Family Plan functionality released to the field

PIP TARGET FOR SAFE COMPLETION: Month 12

SAFE TIME FRAME: to be implemented in release 2.530.

Well-being 1 20.1 (Track worker visits with parents)

1. Add action items regarding worker visits to parents (or separate for mother and father) of foster children.

PIP TARGET FOR SAFE COMPLETION: Does not specify SAFE, but reporting is targeted to start for Month 9

SAFE TIME FRAME: Details of SAFE implementation to be based on practice guidelines yet to be developed by program managers.

Well-being 3 22.1 (Assure follow-up of prescribed medical treatment)

1. Improve the ability of HC workers to track needed follow-up in SAFE

PIP TARGET FOR SAFE COMPLETION: Does not specify SAFE, but reporting is targeted to start for Month 6

SAFE TIME FRAME: One phase has been completed and has been in SAFE for a few releases. Those are the notices to the Health Care worker of uncompleted or overdue follow-ups or referrals. The next phase enables Health Care staff to identify areas where we are lacking providers. Implementation of that call is scheduled for release 2.520.

Response on PIP SAFE -related actions

1.1	SAFE notification on missed priority timeframe	Where are we on this?	<ul style="list-style-type: none"> The agreed upon approach is to pop-up a message at the time when a user is making a child first seen entry that is late and ask for confirmation or correction This change is specified for release 2.520 (currently targeted for Jan 15, 2005). Programming not yet initiated.
2.1	Change in SAFE to not allow allegation of “court ordered” to be supported.	Are you working on this?	<ul style="list-style-type: none"> The agreed upon solution is to obsolete this allegation, so that it may not be used in the future. This is a simple data base change that can be made almost immediately. Waiting, to make this change, for practice-alert to be prepared by Program Manager
2.1	Court Ordered cases use IHA case type	Is this something that SAFE needs to work on or the program managers?	<ul style="list-style-type: none"> The only thing we might need to do in SAFE is to add a study type, if Program Manager decides that a current drop down type is not adequate.
7.1	New Permanency Goals in SAFE (guardianship to relative)	When will this be completed? How far along are we now?	<ul style="list-style-type: none"> This change is scheduled for release 2.511 (currently targeted for about Oct 15, 2004), and is present in the test version of this release.
25.1	SAFE notification on child in care 12 or last 22 months	When will this be ready to go? What work has been done already?	<ul style="list-style-type: none"> This notification is specified for release 2.530 (currently targeted for April 15, 2005). The ability to generate and display the number of months in care out of the last 22 was added to SAFE production in a prior release. Other changes necessary for this notification to exclude cases for which termination of parental rights is not required will be implemented in release 2.300. Programming has not started on these changes. The preparation of a notification is a simple data base addition and will be initiated closer to the release date, when the other needed changes are ready for testing.

REL:9/20/04

From: Carol Miller
To: HS_ALLDFS
Date: 10/19/2004 2:36:58 PM
Subject: **CPS Practice Alert!**

Hello,

Attached are two CPS Practice Alerts dealing with opening CPS investigations. Please read them over carefully. If you know of someone in your office that should have this information but didn't receive it via email, please share it with him or her.

Thank you so much for your attention to this matter!

--Carol Miller
Program Support Specialist
Child and Family Services

CPS Practice Alerts – October 19, 2004

1. We will no longer be opening a CPS investigation (CANR) on court ordered investigations unless there are allegations of abuse, neglect, or dependency. These cases will be opened as IHS cases in SAFE – for assessment.
2. When we have an allegation that a child is potentially being coerced into a marriage, a CANR should be generated with the allegation being one of emotional maltreatment.

Comments in Red are from Northern Region
Comments in Gold are from Western Region
Comments in Green are from Easter Region
Comments in Blue are from South West Region
Comments in Orange are from Salt Lake Valley Region
Comments in Purple are from the State Administrative Team

Comments are groups by similar topics

Strengths:

Practice model:

- **Teaming well with other community agencies (DV)**
- **New employees trained well**
- **Good engaging with families**
- **Integrate assessment with investigation – moving away from just investigative attitude**
- **Doing functional assessments in CPS on going cases**
- **CPS doing family team meetings with ongoing cases**
- **Rural community connection encourages workers to do the practice model because they will likely run into their clients in the community**
- **P.M. in general is good**
- **Engaging skills because they are the first people out on the scene. Especially in the rural areas**
- **CPS has adapted practice model principles**
- **CPS looks at long-term view**
- **CPS facilitates CFTM, works with community partners**
- **Child & Family Team**
- **CFT mtgs before multis**
- **N-Assessment skills good**
- **Intake assessment good**
- **Good engagement**

System/Community:

- **Monthly Community Collaboration Meetings and Staffing with Community Partners**
- **Supported Staffing's... Attended by DV, CPS and administration (Clearfield)**
- **Monday Morning intake Meetings – AG, GAL, Wasatch Mental Health, Intake and Staff**
- **In-house clinicians**
- **Big picture context vs. Police context of events**

Worker/Office Strengths:

- **Workers are using victim advocates**
- **Intake alerts DV team of opened DVRCA cases**
- **DV team emails caseworkers regarding District Court adjudications and notes findings in activity logs**
- **Newer workers are showing up at court when cases are being transferred**

- Integrate assessment with investigation – moving away from just investigative attitude
- CPS/DV Coordination
- Ongoing DV cases work with families – families aren't coming back to system
- Good benefits/good people
- Efforts to Coordinate with DV Workers
- Get all facts before determining intake (cps)
- DV workers doing mini-home
- DV workers doing support groups (PIP)
- Good safety Plans (DV and CPS)
- Good teaming in office
- In House Teams
- Skilled supervisors
- CPS and D.V. workers with experience
- Respectful of different context of philosophy (?)
- CPS works closely with permanency team
- CPS facilitates CFTM, works with community partners
- Regional director acknowledges that first response is critical to success of agency
- CPS may work as one team with permanency from beginning to end of case
- Good understanding of risk
- W-DV workers involvement

Training issues:

- A-PM complete
- DV advanced PM
- CJC Investigative training
- CJC Training

Other:

- SAFE, other computer systems

Weaknesses:

Practice model:

- PM is great in theory but hard to implement

System/Community:

- CPS turnover
- Need DV workers in Moab, Vernal

- Need DV providers in Moab and Basin
- Public View isn't positive... PR needs to be better, service based (Carol Cisco do more articles)
- Kin locators
- BCI
- Motor vehicles obstacles
- Overview knowledge "big picture" transitions training and organizational development
- Need solution for issues of D.V. Recidivism in CPS
- Establish case requirements criteria (intake)
- Prioritize methods
- NAA letters need to be redone
- CPS measured only by CPR
- Safety issues unrecognized by CPS (?)
- Missed priority = no motivation to get out until case is ready to be closed
- Pay/Salary for CPS and Social Workers/Career ladder
- QCR

Worker/Office

- Family team meetings not being held when cases are going on for more services
- Don't gather collateral information
- Functional Assessment earlier in case
- Hard to implement PM while in investigative mode
- Excessive CIS cases
- Workload
- Engagement skills (balance) can be an obstacle because of the court and investigation that could go against them. Feel like a trader, first you engage then you take them to court
- Teaming could improve between D.V. and CPS
- Need to understand each other roles
- DV worker involvement

Training issues:

- Practice Model initially didn't seem to apply to DV/CPS
- Training – intake-
- P.M. Presentations
 - No acknowledgement of Investigation
- No mention of D.V. in Practice Model training
- Mentoring not meeting needs ... standardize practice
- Direct/Specific training for intake, D.V. and CPS
- CPS/DV P.M. (objected to how long it took to train) (hard to take that many days off work)
-

Other:

- Dynamics of violence
- DV outside of child welfare

Obstacles

Practice model

- Concurrent planning (getting facts and doing practice model)
- Investigation vs practice model
- Functional assessments are shallow in CPS – not a lot of time to develop (CPS functional assessments are even more vague now they are in SAFE)
- Separate service plans (too many)
- DV cases – lack of training for CFTM... problem with protective orders getting in the way, time constraints
- Time for CFTM and FA (especially for CPS caseworkers)
- Different concepts of teams between D.V., CPS, ongoing
- Engagement skills is all we often have
- Different skills needed for first responders
 - Gathering information
 - Interviewing
- Hypocrisy within agency re: practice model (not always demonstrated by administration)
- Short term view

System/Community:

- Need more staff for ongoing services for DV cases
- Police reports are coming in late
- Want DV workers in Davis County to do court Tracking
- Need more intake workers (453 cases in a month)
- Need state standards to open cases (intake)
- Constant change (guidelines and state laws)\
- Services for Spanish Speaking Clients/ Resources
- More workers
- Better working relationship with Law Enforcement (short-term placements)
- Driving long distances
- Regional Micro Management
- Experienced workers go to other service areas
- Limited resource
- Different intake requirements for C.V. or CPS cases
- Timeliness of Police reports to CPS on DV cases
- Need additional network/community connections
- Translate public documents to Spanish
- Attorneys and court system undermines practice model

- Responds to what it's
- HR regulations about keeping workers that don't do work
- Capacity
- DV staff available
- Lack of criteria for removals

Worker/Office

- Workload
- Transitions
- Workload
- Have to document facts while developing case
- Us and them mentality
- Need to make unannounced home visits
- Need additional effort
- Out of home perpetrator, caseloads
- Role awareness/definitions

Training issues:

- Practice Model doesn't seem to fit in CPS – training method
- Mentoring Logs
- No emphasis on COS or DV in training
- Training time for both CPS and D.V.
- Training is a sacred cow (can't be questioned)

Other:

- UHV required on all cases

Threats

Practice model

- Caseworkers put in the middle of practice model and legal partners (sometimes they laugh at the practice model)
- practice model and search for underlying ideas

System/Community:

- CPR interpretations
- Multiple policies to document DV, CPS, SA, ICWA, etc.
- Partner expectations – “our job is to do all the work and report to them” AG, GAL, Mental Health, Law enforcement, Schools, Judges
- Not enough time (no overtime)
- Legislation – independent Liability

- Compensation
- Retention
- Different Intake Interpretation
- Team meetings required by administration
- Community Education
- Publicity
- Problems in Transitions
- Uneducated initiatives
- Luxury of specialized practice
- Wide definitions of abuse/neglect (wide open door)
- More DV caseworkers needed
- Bias of partners

Worker/Office

- Workload
- Workload
- Workload
- Workload
- Liability to individual worker
- Attitude
- Volatile nature of the work
- Role awareness

Training issues:

Other:

Discussion Items:

Things that would help

Structured decision-making

Measurement development

Upfront Case Management

Focus on Recidivism (PIP Measure)

Clarify expectations

Training - acknowledge skills

Make enhancements

Standardization of priorities

Teaming (expectations)

Team mentoring

Team inside & out of org

Supervisor assessment of worker mentoring needs

CPS/DV

Follow matrix

Merge PM & statute expectations to determine safety issues

Acknowledge family role and fears

Look for what's best to do

Identify goals "How do I keep from returning?"

Networking sensitivity

Nurture LTV

FUNCTIONAL ASSESSMENT / CLINICAL EVALUATION FROM BEGINNING

Evaluate idea of F.A. in CPS.

MENTORING

Include on-call workers in discussions and focus groups

- **"first responders" term needs to be changed**
- **Talk about what CPS Intake do**
- **E-mail dialogue about the process**
- **Acknowledge the need of CPS/DV to collaborate with law enforcement**
- **Perception: people in power who see CPS as anti social work**
- **Specialized training in CPS**
- **Remove training that wastes time; training needs to be clear and concise**
- **PM D.V. training needs to be more concise**
- **More access to DV specialists**
- **All supervisors need to qualify to staff D.V. Cases**
- **Rewards for good workers**
- **Specific training for workers who need skills, not for workers who understand and perform well**
- **Better coordination with HR**
- **More networking**
- **Exploring complaints and resolving them ASAP**
- **Find stopping point for complaints**
- **Stop specializing CPS workers to keep flexible service deliver**
- **Administration practice and practice model**
- **Decisions made based on data and evaluations**
- **Administration going out with workers or finding a way to get in touch**
- **Redefine some definitions to help close the "front door"**
- **Consistency at intake – statewide**
- **Legislation for resources**
- **Need staff to support caseload**
- **Shift Organization support for upfront interventions**
- **Flexibility with overtime exp. After hours visits**
- **Look at reclassification of workers**

- Supervisors P.M. specialist focus on how it does apply
- Better communication between administration/state office and the regions
- Inter office dialog

What will help?

- More mentoring
- Less paperwork
- Combine risk assessment w/functional assessment
- Intake Cheat Sheet
- Jurisdiction guide
- Overdue w/reopen CANR
- More efficient and short training
- DV network w/CPS – Coalition participation

Need?

- Good location
- Timing
- Interviewing different models
- Crisis intervention (clinical skills)
- Trauma training
- Practice Model Interviewing
- Good Training
- Practice Workshops
 - Knowledge based
 - Interview
 - Cultural
 - Court System
 - Attorney Communication
 - Role Clarification
 - Documentation Training
 - Conflict Intervention Training
 - Custody case
 - Protective Order

How do we measure?

- Customer satisfaction
- Feedback from partners
- Ongoing worker can gage CPS – PM principles
- OCPO Complaints
- Decrease in ongoing cases by implementing PM

What would help?

- DV Trained CPS Workers
- Differential response/approach to DV cases
- Educate public on laws
- Educate law enforcement

- PM training specific to program area
- Debriefing for workers
- Worker satisfaction

Suggestions

- Separate Practice Model training for CPS and ongoing at some point

How do we know if we are doing it right?

- Every ongoing case would have a functional assessment
- Family team members/meetings are being held

Things that would help

- Workers use victim advocates more
- To remember we all have hard jobs and should work as a team
- Need to work as a team from intake on

General comments:

General comments:

Workers still don't know the difference between P.M. training and Mentoring

Trainers are training for Nine Weeks with mandatory training. How could they add more training when Supervisors and Administrators are complaining about hem being out of the office for that long? Trainers are not the experts in individual job descriptions were supervisors etc. are. How do you tackle these obstacles? P.M. material is court/legislative requirement how could you get around taking it away.

September 10, 2004

Project Name: PIP Chartered Workgroup: Permanency 1 and Permanency 2

- Unified Standards for Approving Licensed Resource Families for Placement of Children
- Unified Disclosure of Information for Birth and Resource Families.

Charter Statement: To accomplish the PIP goals several issues will be addressed: 1) to improve Kinship placements, 2) to provide clear understanding of the expectations between the Office of Licensing and the Division of Child and Family Services has the placement of children, and 3) to develop full disclosure for birth, kinship, and non relative families

Customers: Children in need of safe homes with a Resource Family that can attend to their needs, Resource Families and any family who has the potential to become a Resource Family.

Team members:

1. Angela Khairallah, Permanency Program Manager, Co-chair
2. Judy Miller, Kinship Program Manager, Co-chair
3. Char Gibbons, CPS Program Managers, Co-chair
4. Marty Shannon, Adoption Program Manager, Team Co-chair
5. Resource Family Consultant Representation from each Region
6. Structured Consultants from the regions that have them.
7. Placement Approval Committee chairs from Northern and SLVR
8. Kelsey Lewis, Utah Foster Care Foundation Recruitment Director
9. Kay Harrison, Office of Licensing
10. L J Dustman, Office of Licensing
11. Representative from the Utah Foster Adoptive Family Association
12. Kathy Searle, Utah Adoption Exchange
13. Directors, Supervisors, SAFE Information Analysts and others as needed

Definition and Importance of the Project: Federal PIP goals must be met in a timely manner. By addressing PIP goals we have an opportunity to address many issues the better DCFS practice with kinship placements, and to recruit and support qualified Resource Families, as well as addressing cross regional placement issues.

Time Frame For Project Completion: 6 months

The work plan includes:

WHO	TASK	OUTCOME	TIME LINE
Admin	Gather Licensing Information BCI Review Process Prescribed parameters on hits BCI, SAFE, etc.		1 Day
Work Group Char	Grey area standards Similar to OL Prescribe review process When to Who reviews	PIP Goal P2 <u>Item 14</u> : Connect Children to relatives. <u>Item 15</u> : Maternal and paternal relatives will be considered for placement.	60 Days
Char & Judy	Develop Emergency Check list (similar to IPCL) What regions are currently doing Determine if tools are needed Develop uniform tool	Outcomes: 1. Expedite emergency BCI clearance for Kinship placements. 2. Standardize Kinship placement requirements.	
	Submit to Admin...		
Admin Ken & Patti	Negotiate with OL for acceptance of our BCI process		
Work Group Char & Angela	RFC involvement in child placement decisions from CFTM CPS CFTM Other CFTM	PIP Goal P1 <u>Item 5</u> : Reduce reentry into foster care. <u>Item 6</u> : No more than two placements.	60 Days
Angela, Judy & Marty	Develop standards for Kinship- Refer to OL Guidelines Formal (to license) Informal		
Judy	Standardize Full Kinship Assessment Incorporate Emergency Wording to be sensitive for Kinship Long term view (can be used for licensing and adoption)		
Angela, Judy & Marty	Standardize Expectations for approval for OL and DCFS Assess OL approval standards Assess DCFS minimum standards for placement	Outcome: 1. Unified standards agreed upon between OL and DCFS with unified approval process.	
Angela, Judy &	Discuss joint approval process and other options		

Marty	RFC involvement with prospective Resource Families from beginning of licensing process Help Resource Families Assess Families Part of approval process Help with child placement decisions Help with sensitive transition of children		120 days
Admin Ken & Patti	Negotiate with OL for acceptance of assessment and review process		
Work Group Angela, Judy & Marty	Develop full disclosure checklist/pamphlet For child (in process) For original family For placement family For money and system	Outcome: 1. Develop full disclosure of information for biological family as well as for Resource Family.	60 Days
Char, Angela, Judy & Marty	Plan to incorporate Functional Assessment Child and Family Team Long Term View Role of RFCs		
Char, Angela, Judy & Marty	Develop agreement letters for Biological Parents Kinship Revise and update Foster Care Agreement Revise Fost to Adopt Agreement		
Char, Angela, Judy & Marty	Plan to incorporate Functional Assessment Child and Family Team Long term View Role of RFCs		
			Total 180 days
Admin and Work Group	Implementation Plan		30 – 60 Days Total 210 – 240 days
Work Group	Chartered Work Group will address 'cross regional' issues as they arise in the context of the above stated work.	Outcome: 1. Develop streamlined way to place children across regions.	

Team Boundaries:

Each team member will commit to the charter process by attending meetings prepared with their assignments and thus, will commit to completing their assignments within the time frame. If a team member cannot attend a meeting they will assign someone to attend the meeting and present on their assigned task.

Each team member will communicate as often as necessary via telephone and/or e-mail to coordinate efforts with other team members and DCFS administration.

Meeting Guidelines:

Monthly meetings would probably be needed to coordinate team member's efforts. Meetings could be held in Provo or Spanish Fork as a central location to allow all members to drive to the meeting and back in a workday. Meeting time could be arranged to begin after 10:30a.m. and end by 2:30 p.m. to allow for travel time within a workday. Subgroups may be formed as needed to accomplish the goals of the Charter.

Reporting Guidelines:

Minutes will be taken at each meeting regarding the progress of the "Charter" process. Angela Khairallah and Marty Shannon will report to Patti VanWagoner, Richard Anderson, Regional Directors, and Associate Directors, as needed, to coordinate efforts to implement the new Practice Guidelines.

* This charter combines two previously approved workgroup charters: The Process Improvement Charter For Kinship (BCI) and the Charter for the RFC workgroup to work on standards for placements, and cross- region placement of children. These workgroups were approved by the admin. Team in July 2004.

Facts about Kinship Care

U.S. Census 2000 Data:

- More than six million children (1 in 12) are living in households headed by grandparents or other relatives.
- 5.8 million households have grandparents living with one or more of their own grandchildren under the age of 18.
- Over 2.4 million grandparents have the primary responsibility of meeting the basic needs of their grandchildren.

Utah Data:

- DCFS provided court ordered supervision to 1,902 children placed with Kinship Caregivers in 2003.



Juvenile Court Jurisdiction

Once Child and Family Services becomes involved, the juvenile court determines whether a child will return to his or her parents/guardians, be placed in custody with relatives, or remain in state custody for placement with a licensed foster family.

Two options for Kinship Caregivers:

1. The court could award a Kinship Caregiver custody and guardianship of the child.

2. The caregiver could become a Licensed Resource Family, with the State having custody and guardianship of the child.

Under both options, you are a crucial member of a team, in partnership with Child and Family Services, providing for the needs of the child and family.

Option 1: Kinship Caregivers have temporary custody and guardianship of a child.

As the child's guardian, Kinship Caregivers may need to seek support from community resources.

- Financial and Medicaid assistance may be available by applying through the Department of Workforce Services.
- You may be required to complete duty of support paperwork, authorizing the State to collect child support from the child's parents/guardians.
- Child and Family Services can make referrals for services deemed necessary for the child.
- The Kinship Caregiver is responsible to follow through with enrolling the child, facilitating participation, and obtaining other resources as needed.

Option 2: Kinship Caregivers who become Licensed Resource Families (Foster Family Home) for a child.

The child remains in State custody and guardianship but is placed with the licensed relative.

- The caregiver receives a monthly reimbursement based on the child's needs.
- Child and Family Services facilitates obtaining specialized services and support, including Medicaid eligibility.
- Health care professionals ensure that the child's medical, dental and mental health care needs are met.
- Children in State custody may qualify for additional educational and therapeutic support.

How you can become a Licensed Resource Family (Foster Family Home).

- Complete all requirements to become a Kinship Caregiver including background check and home study.
- Complete a packet of information, used by the Office of Licensing, to start the licensing process.



- If approved, you will receive a 90-day initial license and a referral for training from the Office of Licensing.
- A 90-day initial license may allow the child to be placed in your home while you complete training.
- Complete 32 hours of required family resource training.
- If all of the requirements for licensing are completed within the 90-day period, you will be officially licensed as a resource family specifically for this child.

If you are committed to becoming a Kinship Caregiver, go into it with your eyes open. To determine how to be involved, first understand the needs of the child and assess your own abilities. Questions to ask yourself:

- What is my relationship with the child's parents/guardians?
- Will I have family support?
- How will this impact my own children and spouse?
- Do I understand the circumstances surrounding this child's removal?
- How do I feel about those circumstances?
- How will this affect my relationship with the child's parents/guardian and the extended families?
- Will I be able to set limits with the parents/guardian?
- Will I be able to let this child go back home when the time comes?
- Will I be able to offer this child a permanent home if necessary?
- Can I commit the time and energy toward the goal for this child to have a permanent home?
- Will I need financial assistance?
- Will I need assistance to meet the medical, dental or emotional health needs of this child?

Things you should know about the Kinship Care system.

- A non-offending biological parent will have preferential consideration for having the child placed with him/her.
- Placement of a child during a protective services investigation (usually the first 1-30 days) does not guarantee that the child will remain with that relative if another living arrangement is in the child's best interests.
- Relatives who come forward as a resource to the child will be considered as preferred potential caregivers.
- A kinship home study will be completed for these relatives.
- The home will need to pass a safety inspection.
- A background check is required for any person in the household 18 years or older.

- Relatives are involved in making decisions about the needs of the child, including placement.
- The Juvenile Court Judge will be made aware that placement with a relative is an option.
- Most children return to their parents' or guardian's care within 12 months.
- A permanent living arrangement will be made for a child whose parent or guardian is unable or unwilling to make the changes.
- A Kinship Caregiver may be asked to consider permanent custody and guardianship or adoption of the child.

Support is available to all Kinship Caregivers and Resource Families.

www.utahcares.utah.gov can help connect you with providers that offer basic services, such as, housing, food, childcare, transportation, financial assistance information and more.

Grandfamilies, a division of Children Service Society of Utah (www.cssutah.org; 1-800-839-7444), provides:

- Informational classes with topics such as: legal issues, children's emotional issues, community and financial resources, and an accompanying children's group.
 - Monthly support groups for the caregiver, and accompanying activities for children.
 - Therapeutic counseling services to address kinship, adoptive, and attachment issues. (Medicaid and most insurance accepted, or sliding-scale fee)
- Utah Foster Care Foundation (www.utahfostercare.org; 1-877-505-KIDS) provides:
- Training on specific issues, such as: child development, grief and loss issues, and strategies for meeting children's special needs.

- Continued training and support as part of a community cluster group of resource families.

Information for Families Considering Kinship Care

What is Kinship Care?

A child who is removed from their parents or guardians by the Division of Child and Family Services because of abuse, neglect, or dependency needs a safe, loving, and stable place to stay.

The best persons to meet the daily needs of this child are those he or she has a relationship with by blood, adoption, or marriage. This is Kinship Care - an alternative to having a child placed in a foster home.

Relatives must be willing to meet all of the child's needs. If relatives became licensed as Foster Kinship Care providers they have the availability of additional resources, especially beneficial if a child has emotional, physical or mental health issues.



Kinship Breakthrough Series Collaborative (BSC)

Casey Family Programs is sponsoring this Breakthrough Series Collaborative on Supporting Kinship Care. In this BSC, public child welfare agencies and tribes that share a commitment to improving the way they identify, partner with and support kinship caregivers will be brought together to share knowledge, strategies, challenges, and successes, and to making major, rapid changes that will produce breakthrough results.

Each selected agency or tribe will put together a five-person Core Team that will work together to make changes and implement new systems over the course of one year. These teams from across the country will be guided and mentored by experts in the field as they study, test, and implement the latest knowledge and evidence available.

Overview – September 10, 2004
SAFE DATA

***Category 1: Placement Prevention:** Increase the number and percentage of placements prevented due to birth families who indicate that kin were the primary reason that placement was avoided.

Measure: For those served in home-based services and foster care, look at % of those in kinship placements, % in home, and % in other placements.

***Category 2: Participation in Planning:** Increase in the number and percentage of children/youth placed with kin who participate in their own case planning.

Measure #1: Number of Child and Family Team Meetings held on kinship cases. (**SAFE**)

Measure #2: **Survey** (A phone survey will be held on (could be random or every meeting if we use the supervisors as a pilot instead of Weber County) Team Meetings to ask the question regarding youth participating in the meetings)

***Category 5: Kin as First Placement:** Increase in the number and percentage of children placed with kin as a first placement.

Measure: Look at how many children coming into foster care have an initial placement as kin. We want to include those that went to kin after a shelter/Xmas Box placement.

***Category 6: Placement with Siblings:** Increase in the number and percentage of children placed together with their siblings in kinship placement as a first placement.

Measure: Siblings who are listed together on service plans that are placed together in kin as first placement. (Yes, we want to include those that went to kin after a shelter/Xmas Box placement) - **Linda was going to research this a bit**)

***Category 7: Placement Stability:** Increase in the number and percentage of children who are placed with kin and have fewer than three placements.

Measure: Of all foster care children placed with kin in the last month, how many prior placements did they have before being placed with kin. How many foster care kinship placement disruptions occurred in the prior month. How many home-based kinship disruptions occurred where the child had to be placed in foster care in the prior month.

***Category 8: Permanence:** Increase in the number and percentage of kin caregivers who have a commitment caring for the child until the child is of the age of majority.

Measure: Number of children exiting care to custody to relative guardian. Reduction in the number of foster children (children removed) who are released to kin and then re-enter care.

SURVEY DATA

Category 2 (see above)

Category 3: Satisfaction with Services and Information: Birth Parents: Increase the number and percentage of birth parents who receive necessary (as defined by the family) information and services (by specified race and ethnicity).

Measure: **Survey**

Category 4: Preparation, Training, Education and Support of Partners: Increase in kinship – specific preparation, training, education, and/or support that is provided to key constituency group: (courts – judges specifically and caseworkers)

Measure: **Survey**

AGENDA

August 16, 2004

11:00 – 12:00
Bountiful Office

I. 8/2/04 meeting overview - Pamela Russell

- Travel Information turned in by Aug. 3.
- Welcome new member Judy Miller
- Travel release for Ashley.

II. August 10th Conference Call Update - Joe Leiker

III. Finalize Team Name - McKay Payne

IV. Extended Team

V. Discussion Surrounding These Due Dates

- Conference Call – August 23, 2004 (11:00 – 12:30 Bountiful Office)
- Pilot Population Description – August 31, 2004
- Team Self-Assessment – September 7, 2004
- Team Priorities – September 14, 2004

VI. Questions/Open Discussion

VII. Next Meeting

AGENDA

August 30, 2004

1:00 – 3:00
Bountiful Office

I. Complete Self-Assessment - Pamela Russell

II. Upcoming Due Dates

- Self-Assessment Due – September 7, 2004
- Conference Call – September 13, 2004 Team Leader Only
- Team Priorities – September 14, 2004
- Conference Call – September 27, 2004 (11:00 – 12:30 Bountiful Office)

III. Questions/Open Discussion

IV. Next Meeting/Team Priorities – September 10, 2004 8:30 – 11:00

**IL Coordinator Meeting
October 5 & 6, 2004
Concerns**

Concerns

Implementing Changes

Implementing the changes to the Independent Living program is not a priority for generic caseworkers.

Accessing IL funds

Accessing IL funds to meet the needs of older foster youth requires a lengthy turn-around time and the procedures restrict quick and easy access to services and supports.

Training Partners

Training on the Initiative needs to occur for agency partners including juvenile court judges, guardian ad litem, providers, and caseworkers.

Step Down Level of Care

Revising the foster care rate structure for older youth will enable youth to practice basic life skills and have experiences that will lead to independence. The “structure” and “basic” rate often act as roadblocks that prevent foster parents from providing age appropriate activities and experiences for foster youth.

Aftercare Services

Developing a SAFE aftercare code and documentation requirements will enable caseworkers to report the services they provide to youth who have transitioned from foster care.

Service Plans

Revising the service plan needs to occur to reflect the current IL program.

Address Old Problems

Developing recommendations and solutions to improve the IL program has been helpful. However many of the problems and concerns repeatedly identified by IL Coordinators, such as accessing funds, SAFE codes, service plan revisions and others issues have not been resolved. A charter work group needs to be established to address the concerns.

Recommendations

Continue the Implementation Team

Maintain the Implementation Team in order to encourage partner agencies to stay involved. Robin-Arnold-Williams should invite Governor Walker to chair the Implementation Team in 2005.

Independent Living Institute

Implement an annual Independent Living Institute to train caseworkers on the needs of older foster youth.

IL Coordinators Monthly Meetings

Include the staff from SAFE and finance in the regular monthly meetings of the IL Coordinators to help solve many of the ongoing concerns.

DWS Referral Form

Revise the DWS referral form for ETV funding to require DWS to ensure that the applicant has completed all the required tasks.

Ansell Casey Training

Request technical assistance days from the National Resource Center for Youth Development to training caseworkers in the Ansell Casey Life Skills Assessment.

Fostering Healthy Children Nurses

Request the Fostering Healthy Children nurses to conduct training on health issues as part of the basic life skills, provide a print out of the youth's medical record, and conduct individualized training to youth with chronic illness prior to exiting foster care.

Transition Packet

Provide youth with an accordion file to store important papers and materials on community resources.

Life Skills Curriculum

Develop a basic life skills curriculum that could be used statewide. Involve Midge Delavan in the development of the curriculum.

Next Meeting

IL Coordinators will meet on November 17, 2004 from 10:00 am to 3:00 pm in the DCFS Spanish Fork office. SAFE and finance staff will be invited. The agenda will include review of IL regional budgets and codes, discussion of barriers to accessing funds and solutions, aftercare services, update on life skills training curriculum.

NOTE

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Division of Child and Family Services

120 N. 200 W.
Salt Lake City, Utah 84103
1-801-538-4100

NOTE

The names used in this training are a composite of families for training purposes. Any similarities between examples and actual individuals are purely coincidental. Any questions or concerns about the use of this document or its contents should be directed to:

Division of Child and Family Services

120 N. 200 W.
Salt Lake City, Utah 84103
1-801-538-4100

Acknowledgements

Curriculum Developer:	Jerna Mitchell
Curriculum Development Team:	Aaron Bettinson
	Bonnie Skoy
	Cosette Mills
	Dan Choate
	Dawn Bair
	Deborah Robertson
	DJ Hicks
	Eliana Downing
	Grant Bartholomew
	Joey Carlson
	Linda O'Brien
	Melissa Herrera
	Midge Delavan
	Mike Pomeroy
	Navina Forsythe
	Reba Nissen
	Rick Clements
	Rob Ross
	Sally Tasker
	Spence Morgan
	Tavita Sagapolu
Consultants:	Matt Anderson

Trena Adams

Jenise D. Tingey

SAFE Team

Bob Lewis

Doug Call

Jay Davis

Kathy Tollett

Kim Pinnegar

Curriculum Development Partners:

Lisa Peterson

Geniel Evenson

Table of Contents

Activity/Title	Description	Facilitator Page #	Participant Page #
Activity 1 Welcome, Working Agreement and Documentation	This is the welcome activity and introductions. The training group will complete a working agreement for the training. The training group will look at the basics for good documentation in child welfare work.		
Activity 2 Basics of Documenting Activity Recordings	This activity discusses the value of documentation. It explains that one of the main ways we document is through activity recordings as well as explaining the content elements of activity recording. It introduces the paragraph structure that makes documentation accurate and concise.		
Activity 3 Purposeful Visits	Discussion on purposeful visits. The discussion will include planning the visit by reviewing activity recordings. Planning to discuss Family Plan, progress, needs, planning for follow-up, and other issues that the family may have. How to document purposeful visits in an Activity Recording on SAFE.		
Activity 4 Documenting Partner Contacts	Discussion on partner contacts. This will include the importance of following up with partners and how to document this in a clear and concise manner.		

Activity/Title	Description	Facilitator Page #	Participant Page #
Activity 5 Increasing Professional Competence in Documentation	Workers will look at the CPR guidelines and examples of documenting those items. They will practice documenting CPR guidelines adequately to meet the CPR requirements.		
Activity 6 Mentoring and Closure	Assess current needs around documentation to plan for ongoing mentoring in documentation.		

Outcomes of Training

Participants will be able to:

- completely and accurately document the work they do with and for families
- document activity recordings including: purposeful visits, partner contacts, and casework activities
- have the quality of their work reflected through the QCR, CPR, and IV-E reviews
- create mentoring activities with their mentors and supervisors to increase their documentation skills

Trainers Note: It would be best if the training was held with a SAFE training setup so that practice can be realistic. It is recommended that each participant have their own computer to enter practice Activity Logs and other documents as well as for the case review activity. If your training environment does not make SAFE available for every participant, consider putting three participants to a computer.

It is best to have at least one facilitator for each group of three to sit with groups while they do their practice, to answer questions and to guide participants who need help with documentation. This is also a way to engage individuals who are excellent at documentation in the training process and in preparing them to mentor documentation.

This training can be offered in two separate ways. First, program areas can be mixed and participants can divide into program areas for work groups and practice, having an expert or mentor from that program area to facilitate the group work. Second, program areas could be trained separately and mentors and facilitators used during the individual program areas trained.

List of Articles

Director's Message.....	63
Father Involvement	63
Protection.....	64
Newsletter From The Child Welfare Institute	64
Development.....	64
Ages And Stages.....	64
Permanency.....	64
Supporting Kinship Care	64
Visits Make A Difference	65
Time-Limited Reunification Funds - Treatment Resources to Facilitate Reunification	65
Transitions From Foster Care To Adult Living - Post-Foster Care Resources.....	66
Transitions From Foster Care To Adult Living - Continuing Medicaid Coverage	67
Cultural Responsiveness	68
Cultural Identification.....	68
Partnership	69
Recognizing Partners.....	69
Organizational Competence	69
Introducing The PIP Tips	69
New Protocol For Website Work	70
Where Are The Children – And What Does It Cost If We Don't Know?	70
Professional Competence	71
Awards Presented At The Child Welfare Institute	71
2004 Supervisor Conference	73

Director's Message

Father Involvement

By Richard Anderson, Director of Child and Family Services

In the late 1940s, Maria Montessori, of Montessori Schools fame, was encouraging fathers to give their babies their first bath. I think she knew that there needed to be an early experience for fathers to begin connecting with their children from the start. Even if that head start didn't happen for some dads, it isn't too late to start now to help the connection! We want to support responsible, loving fathers, and assist men in becoming such. Our data shows that dads are not as involved as moms in the work we do with families. We know that fathers are less accepting of helping agencies. So, we need to start our first interactions with the family by beginning to help them be more accepting.

There is much research that shows that a positively involved father can enhance a child's mental, social, and physical development, while decreasing high-risk behavior (drug use, truancy, and criminal activity) (Wade Horn and Tom Sylvester 2002) (Vivian Gadsen and Aisha Ray 2002). A child with a consistently involved father is more empathetic, and is more likely to become a compassionate adult (Koester, et. al. 1990).

A good starting place for all of us is to clear from our minds any unfair or inaccurate concepts about fathers that may get in the way of working effectively with them. We also need to acknowledge that fathers are responsible for the care of their children, the same as mothers. Interestingly, 42% of fathers in blue-collar and service occupations look after their children while their wives work.

The functional assessment provides a way to determine the needs of the father, their level of involvement with their children, and ways to improve their involvement.

I remember, years ago, contacting a father who had not been involved for years. He stepped up to the need, and created a life-long friendship with his young son. We started with gathering pictures of this youth being held by his father as an infant and slowly moved to the place where the mother encouraged a search for the father and writing to the father. This led to a reunion where the father traveled to see the son and has maintained contact. What was remarkable was the positive change in the behavior of this youth. He stopped the self-destructive behavior and became actively involved in schoolwork.

Here are some things we can do to assist fathers in our work:

- Have fathers read to their children, read with their children, or have their children read to them.
- Have fathers read to their children during visits (have books available that fathers can read to their children during supervised visits).
- Have them consider their own fathers and the impact they had on them.
- Discuss the differences between discipline and punishment. Discipline is a way to teach by words and actions. Setting fair consequences, playful interactions, and conversations are all conducive to good discipline.
- Evaluate the waiting room and other areas of the office to see if they are father friendly. Some posters may be offensive to fathers.
- Explain the importance of keeping promises, especially if the father does not live in the home. Trust is built by keeping promises.
- Make sure that when a dad does not show up or participate that we don't conclude that this is automatically a sign that they don't care about what is happening.
- Show an expectation that the father is to be involved.
- Welcome them warmly to meetings and visits.
- Recognize differences in male and female parenting styles.
- Be cautious about correcting dads when they are interacting with their child.
- Recognize the signs that a father may be depressed or have other emotional/mental distress. They are less likely to seek help and we can help them to know they can get help.
- It may be possible that the father's bond to their child may be the first such strong bond they have ever experienced. Help them to strengthen that bond and to express love to their children.
- Have them participate in developing a family storybook about their family (significant events, pictures, etc.). Have them read this book with their children.

Discuss these ideas in staff meetings. Some of our staff may need ideas of how to get fathers involved, and others will have great ideas to share about how they have involved fathers.

Remember, some fathers for children come from different relationships. The father of my childhood was my grandfather. He was a very kind and loving person. He worked in a lumber mill and came home each day smelling of sawdust. Every time I smell sawdust, I think of the loving man that I called “Dad”. Let’s help all the fathers (and father figures) we work with create memories in their children of a caring father. Let’s try to do just a little better each day in reaching out and including “Dad” as we serve families.

Protection

Newsletter From The Child Welfare Institute

By Carol Miller, Program Support Specialist

Charlotte Gibbons, CPS Program Manager for Child and Family Services, has given me some very interesting and useful articles that she receives from the Child Welfare Institute. The newsletter is entitled, “Ideas In Action” and it is published monthly. You may read these newsletters by going to the Child Welfare Institute Website at http://www.gocwi.org/view_714824.html.

Development

Ages And Stages

By Midge Delavan, Training Manager

“Ages and Stages” is a questionnaire, which is completed with a parent or caregiver to create a screening assessment for developmental milestones in children of different ages. There is a different questionnaire for each of 19 different ages from 4 months to 66 months. The questionnaires are considered to be good short assessments of a child’s development. The areas assessed are communication, gross motor, fine motor, problem solving, personal-social, and overall.

The four months questionnaire includes the following:

- Communication: At four months, a baby may be able to laugh, make high-pitched squeals, make sounds in response to objects and persons, and stop crying at the sound of a recognized voice.
- Gross Motor: At four months, a baby may move its head from side to side, hold its head above the floor while lying on its tummy, hold its head steady while in a sitting position, and touch its fingers together.
- Fine Motor: At four months, a baby may hold its hands open, grasp and wave a toy, and reach for a toy.
- Problem Solving: At four months, a baby may track a moving object with its eyes, look at nearby toys, grasp toys and put in mouth, and wave at a toy above them in a prone position.
- Personal-Social: At four months, a baby may watch its hands, recognize when it is about to be fed, smile at caregiver, and smile at self in mirror.
- Overall: At four months, does the baby hear well, stand flat-footed with assistance in standing, and use hands equally?

Permanency

Supporting Kinship Care

By Pamela Russell, Grants Specialist

Utah’s Division of Child and Family Services was one of 25 states, counties, and Tribal agencies chosen to participate in this Breakthrough Series Collaborative (BSC) sponsored by Casey Family Programs. Participation in this BSC demonstrates Utah’s commitment to improving the way we identify, partner with, and support kinship caregivers.

The five-person Core Team has been established as required for the project, consisting of state and regional staff, kinship providers, and youth who will work together to identify promising practices, test the changes,

and implement new systems over the course of the next year. The Team will be working in the Northern Region, specifically Weber County, to test changes and measure the impact of these changes throughout the year. The ultimate goal will be to implement statewide changes that will improve the way we partner with kinship providers and increase the availability of support and resources for kin.

For more information on the Supporting Kinship Care Collaborative, contact me at (801) 538-4308.

Visits Make A Difference

By Jerna Mitchell, New Employee Trainer Manager

Summarized from "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?"

By Sonya J. Leathers

Summary points:

- Mothers who visit their child and are involved in case reviews and child care activities visit more frequently than mothers who visit in settings such as agency offices and have no other types of involvement.
- Visiting frequency is highly predictive of reunification.
- Frequency of visits is influenced by time constraints, agency policies and norms, transportation resources, foster parent requests, and caseworker perceptions about the interests of the child.
- Practice that attempts to integrate the birthparent into the foster child's life, such as school conferences, clothes shopping, and doctor appointments. This is called inclusive practice.
- When a caseworker related to researchers that a child was likely to return home, 43.5% of those children were reunified with their biological family.
- When a caseworker related to researchers that a child was not likely to return home, 100% did not return home.
- Inclusive practice increased reunification, independent of the frequency of visiting.
- Progression of supervised visits to unsupervised visits increased reunification.
- Child's adaptation to care was associated with inclusive practice.
- Of the cases where the mother was visiting informally in the foster home, 100% returned home.
- Of the cases where the mothers had scheduled visits in the foster home, 100% returned home.
- Of the cases where the mother participated in activities other than visiting, 50% returned home.
- Of the cases where the mother attended administrative hearings, 44% returned home.
- Most caseworkers based their belief that children would return home on the number of visits that were occurring.
- When visits took place in the mother's home, there was an average of 19% over six months.
- Where visits take place influences how frequently they occur.

Source:

Leathers, S.J. (2002) "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?"

Retrieved September 1, 2004 from the World Wide Web:

<http://www.aecf.org/publications/pdfs/cwla2.pdf>

Time-Limited Reunification Funds - Treatment Resources to Facilitate Reunification

By Cosette Mills, Federal Revenue Manager

In calendar year 2003, 69% of new foster care cases reported contributing factors of substance abuse, mental health, or domestic violence in the removal home. Treatment is often needed to help parents make changes necessary for a foster child to safely return home. Unfortunately, inability to access treatment is often a barrier to reunification.

In response to this need, a limited amount of Federal funding is available in each region to help pay for treatment services for parents or primary caregivers of foster children to help facilitate reunification. The funds come from the Promoting Safe and Stable Families Grant, Time-Limited Reunification category (payment code FPR).

To qualify for the funds, a foster child must have been in foster care 15 months or less and must have a goal of reunification. Treatment services not covered by Medicaid or private insurance may be provided to the child's parents or primary caregiver or to the child to help facilitate safe reunification. Funds are generally paid to the provider on behalf of the client and not to the client directly.

The funding may be used for one or a combination of services, and may be provided through contract or by Child and Family Services staff. Time-limited reunification funding may be used for:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including such expenses as initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary child protective childcare or other therapeutic services, including crisis nurseries.
- Assistance to address domestic violence treatment or service needs.
- Transportation to or from above services and activities.

Funding may be used for up to 15 months after a child is removed from home. If a child returns home prior to 15 months from the time of removal, funds may be used to help with treatment needs related to transition and family stabilization so the child can safely remain at home (and prevent re-entry into foster care), but only through the 15th month after removal. For example, if a child returns home from foster care 11 months after removal, time-limited reunification funds could continue for another 4 months.

In order to access funds, either an SCF or PFR case must be open in SAFE. Procurement requirements must be followed for purchasing services and expending funds.

Check with your regional administrative or finance staff about availability and access to funds in your region. Where treatment resources are not currently available, regions may want to develop creative ways to bring treatment services to families preparing for reunification using these funds.

While these funds cannot address all parents' treatment needs to facilitate reunification, I am hopeful that the available funding can make a difference for some. For questions about PSSF/Time-Limited Reunification Funds, contact your region administration or finance staff or contact me by e-mail (cwmills@utah.gov) or by phone at (801) 538-4058.

Transitions From Foster Care To Adult Living - Post-Foster Care Resources

By Cosette Mills, Federal Revenue Manager

In recent years, Congress has recognized the need to better support youth aging out of foster care and has provided funding for programs to support them. For youth who have left foster care, the following post foster care programs have been implemented in Utah:

- Post independent living services and support funds (purchase service code TLP).
- Education and training voucher program funds (for post secondary training and education).

As caseworkers and child and family teams are making preparations for a youth's transition to adult living, it is important to know that **a youth must be in foster care on their 18th birthday to qualify for these post-foster care services.** If custody is terminated prior to the 18th birthday, these youth CANNOT qualify for ANY post-foster care supports or services.

Post Independent Living Services and Support Funds

Youth who leave foster care at age 18 or older may qualify for post independent living services until age 21. Services that may be provided include, but are not limited to, additional basic life skills training, information and referral, mentoring, employment and

educational counseling, follow-up support, and funding for activities of daily living (including room and board).

For the purpose of this funding, room and board includes rent, utilities, food, clothing, transportation costs, personal care items and other expenses related to daily living. It does not include medical expenses, dental care, tuition payments, or the purchase of automobiles. Currently the limit is \$2000 per year per youth.

Former foster youth may access services through the regional Independent Living Program Coordinator. Payments may be made directly to the youth or to providers as needed. A CIS case must be opened in SAFE, which requires a minimal service plan and periodic case notes to track the progress of youth receiving these services. See Administrative Rule R512-305, Independent Living Services, or Practice Guidelines Section 303.7 for more information.

Education and Training Voucher Program

Up to \$5000 per year is now available for qualifying youth for post-secondary education and training through the Educational Training Voucher (ETV) Program. To qualify, youth must have exited foster care after their 18th birthday or must have been adopted after age 16. Child and Family Services is contracting with DWS to administer this program. For a more detailed description of how these funds may be used and for a list of eligibility requirements, see Administrative Rule R512-306, Independent Living Services, Education and Training Voucher Program. Youth must be referred to DWS through the regional Independent Living Coordinator. Please contact your regional Independent Living Coordinator if you have any questions.

NOTE: Coming Soon for Youth Still in Custody Who Have An Individualized Service Plan to Age Out of Foster Care - TRANSITIONAL SUPPORT FUNDS

Transitional Support Funds will soon be available for youth in Child and Family Services custody who meet the criteria for independent living. Transitional Support Funds are flexible funds that will help cover unique needs of youth in the following four areas: Education, Training, and Career Exploration; Physical, Mental Health and Emotional Support; Transportation; and Housing Related Expenses.

The current practice guidelines, 303.7 Independent Living, are in the process of being revised to address both ETV and Transitional Support Funds. ***As soon as practice guidelines are finalized and payment codes and processes have been established, notice will be sent to regions so that transitional living support funds may be accessed for youth transitioning to adult living.***

Transitions From Foster Care To Adult Living - Continuing Medicaid Coverage

By Cosette Mills, Federal Revenue Manager

Youth who leave foster care between age 18 and 19 are likely to continue to qualify for Medicaid until their 19th birthday, if they meet income and asset criteria. A Medicaid review must be completed prior to the youth leaving custody to ensure uninterrupted coverage for qualifying youth. Continuing Medicaid coverage is an important resource for

youth leaving foster care so that medical, dental, prescription, and mental health needs can continue to be addressed.

As part of transition planning, caseworkers should take the following steps:

- Let the eligibility worker know in advance that Child and Family Services is preparing to transition a youth who is age 18 from custody (60 days in advance, if possible).
- Obtain a Medicaid review form from the eligibility worker. Assist/mentor the youth in completing the form and obtaining the required income and asset documentation for the review. Notify the eligibility worker of the address where the child will live after leaving care (both physical and mailing addresses, if they differ).
- Provide the review form and documentation to the eligibility worker 30 days prior to the child leaving custody, if possible, so that eligibility for continuing Medicaid coverage can be determined and the case can be transferred without interruption in Medicaid coverage.
- Coordinate with the Fostering Healthy Children Nurse to ensure the youth understands how to manage any special health conditions.
- Familiarize youth with location of the nearest Bureau of Eligibility Services (BES) (to the expected living arrangement after custody termination). After the case is transferred, staff at BES will help teach the youth how to use a Medicaid card to access health care.
- Notify eligibility worker immediately of custody termination.

Child and Family Services eligibility workers will complete the review, open the new Medicaid case for most youth, then will transfer the case to an ongoing worker in the BES. If a youth is disabled, pregnant, or has children, the case will be transferred to BES for the determination of continuing Medicaid eligibility.

If you have questions about Medicaid eligibility for youth leaving foster care, contact a regional eligibility worker or Linda Moon, Title IV-E and Medicaid Eligibility Specialist, at the State Office at (801) 538-4258.

Cultural Responsiveness

Cultural Identification

By Midge Delavan, Training Manager

How do we see ourselves? When addressing our own “culture screens” and the culture-based needs of the children and families served by Child and Family Services, it is important to think about the ways in which we perceive ourselves that are much broader than ethnicity. Although ethnicity may be part of a person’s self-perception, there are many other areas of cultural identification that may be more important to an individual. Some of these include: religion, language, education, gender roles, intergenerational dynamics, beliefs regarding help from outside the family, parenting norms, beliefs regarding health care, sexual orientation, mental health issues, vision or hearing impairment, physical challenges, racism, geographic location, time period of birth and childhood, family values, self-determination, and sibling placement. (Adapted from Kimberleigh A. Nash. 1999. Cultural Competence: a guide for human service agencies. CWLA Press, Washington D.C.)

Often we are surprised when we learn how others perceive themselves culturally. How would you describe your own culture? Your family’s culture?

Partnership

Recognizing Partners

By Midge Delavan, Training Manager

Who are your current partners? Take a little time for self-assessment and draw an ecomap of your family, agency, internal, and community partners as of today. It will probably take more space than you first thought.

Kudos to Western Region Training Team for partnering with Wasatch Mental Health. Mental Health case managers are being trained on the Practice Model with new employees in Western Region.

Kudos to Southwest Region and their partnership with the Frontiers Project. Family advocates are working with selected families in St. George and Cedar City.

Thanks to Utah family advocates Tracy Johnson and Michelle Benward, who presented their team-based advocacy approach at the Western Regional Trainers Conference. Bonnie Skoy from Western Region and Reba Nissen from the State Office training team also presented on the Utah Child and Family Services model for training and mentoring. Trainers from Colorado, Arizona, Nevada, Alaska, Ohio, and Utah shared information support as they discussed supervisory training, client participation in the training system, tools for trainers, web-based training, and other topics of interest.

Regional administration teams have hospitably welcomed a group of State Office staff who have traveled to each region to kick-off the Performance Improvement Plan (PIP). The PIP is the Child and Family Services' two-year plan that follows the Federal Child and Family Services Review conducted in the spring of 2003.

The Supervisor Workgroup is meeting regularly to plan and review the development of supervisor training and the supervisor conference.

What outstanding partnerships have you observed in your area?

Organizational Competence

Introducing The PIP Tips

By Linda Wininger, State Milestone Coordinator

"PIP Tips" are one of the ways that we will communicate information connected to the Program Improvement Plan (PIP) for the Child and Family Services Review (CFSR). They are located on our Website at http://www.hsdcs.utah.gov/cfs_review.htm. Each issue will give information about one of the items in the CFSR such as Timeliness of Investigation or Repeat Maltreatment, the data measure connected with the item, a data report on where we are now, and a section on what workers can do to improve the outcomes for children and families connected to this item. We hope this will help each Child and Family Services

employee better understand the review and how it affects the people we serve. We invite any feedback. We want this to be a useful and helpful production!

New Protocol For Website Work

By Carol Miller, Program Support Specialist

The Department of Human Services (DHS) has drafted new policies and procedures regarding its maintenance of a professional quality Website for the public. They have appointed each agency with a contact person from the Office of Technology (OT) for work on their Website. These OT web people will be in charge of making all changes to any Website that falls under the DHS Website, including our Child and Family Services Website. Each agency has appointed a web content specialist, who represents the interest of their agency and is responsible for being the contact person for their agency.

As part of this change, all requests for Website work should come through me. This includes any changes to existing content, on-line surveys and/or registrations, or changes to the SAFE Web page. You can contact me by email at CAROLMILLER@utah.gov or by phone at 801-538-4451. Once I receive a request from you, I will contact our OT web person and make the request for the work, and will keep you informed as progress is made.

Also, in the very near future you will notice a new look and feel to the Department's public Website, as well as our very own located at <http://www.hsdcs.utah.gov/>. Please don't hesitate to contact me for any Website work you need done!

Where Are The Children – And What Does It Cost If We Don't Know?

The Importance of Maintaining Current Foster Child Placement Information in SAFE

By Cosette Mills, Federal Revenue Manager

We've all probably heard stories of children in large metropolitan areas who have been "lost" in foster care because there is no record of where the children are placed. We may not be able to imagine this happening in Utah, but in a sense, we create the same scenario if the address where a child resides is not current in SAFE.

A foster child's placement address should always be entered in SAFE as soon as possible after a placement change is made.

Failure to enter a timely placement change in SAFE isn't just a potential public relations nightmare. It may also affect benefits for the child, create hardships for providers, take unnecessary time and effort of caseworkers and other Child and Family Services staff in problem-solving, tracking down Medicaid cards, or making retroactive corrections, and may also cause Child and Family Services to lose Federal funding, to unnecessarily spend State funds that could have been used for other purposes, and to incorrectly claim Federal funds putting Child and Family Services at risk of audit errors and payment penalties.

Examples of what may be impacted when a foster child's address isn't updated promptly include:

- Child's Medicaid card may be sent to the wrong address, delaying essential medical, dental, or mental health care and causing caseworkers, eligibility workers, support staff, and foster parents to spend time tracking down a copy of the card.

- Child may lose access to Medicaid coverage for health care (such as when a child is moved from an area of the state that does not require HMOs to an area of the state that does but Medicaid has not been updated to reflect this) resulting in unnecessary use of state funds that could have been used for other purposes.
- Provider payments may be delayed, or may be incorrectly paid due to 520's being sent to the wrong providers and causing Child and Family Services to have to seek repayment from providers.
- Child may face unnecessary barriers for approval for entry into the state hospital or a psychiatric hospital because the wrong mental health agency is designated in Medicaid as the gatekeeper.
- Child may not receive Medicaid or Title IV-E benefits for which the child is entitled in the new placement, causing Child and Family Services to lose Federal funding.
- Child may receive Medicaid or Title IV-E benefits inappropriately (such as when a child moves to a placement in which these benefits cannot be provided), putting Child and Family Services at risk of audit error or penalties.

I often hear that workers are too busy to promptly enter foster child placements in SAFE. However, delays will likely result in MORE work for caseworkers, eligibility workers, support, staff, and regional and state office administration. Regions may want to analyze their processes for foster child placement entry in SAFE to ensure that unnecessary delays are avoided.

For questions about how to enter placement changes in SAFE, see the accompanying article by Kathy Tollett, contact SAFE trainers in your region, or contact Kathy Tollett at the State Office at (801) 538-4597 or by email at KTOLLETT@utah.gov.

Professional Competence

Awards Presented At The Child Welfare Institute

By Carol Miller, Program Support Specialist

Many wonderful people were presented with awards at the Child Welfare Institute, and we would like to recognize them here for their hard work and dedication. The following is a list of the awards and recipients. Congratulations!

AWARD NAME	RECIPIENTS
State Community Partner	Chris Chytraus Katie Gregory
Life Time Achievement	Robert Lewis Heber Tippetts Grant Tolley Don Anderson Dave Lindblom Brender House Richard Anderson
Marty Palmer Award	Bert Peterson
Special Practice Model Teaming Award For Living the Practice Model in Administration	Salt Lake Think Tank ❖ Leslie Komatsu ❖ Spencer Morgan ❖ Roland Oliver

AWARD NAME	RECIPIENTS
	<ul style="list-style-type: none"> ❖ Kelly Powers ❖ Jim Walles ❖ LaRay Brown ❖ Heber Tippetts ❖ Scott Gerber Salt Lake Training Team <ul style="list-style-type: none"> ❖ Spencer Morgan ❖ Elise Napper ❖ Judy Miller ❖ Richard Cahoon ❖ Donna Riley ❖ Mindy Higgins ❖ Dan Choate ❖ Dawn Bair ❖ Cherri Joy Southwest Sprint Team <ul style="list-style-type: none"> ❖ Sam Syphrett ❖ Rick Clements ❖ Rob Ross ❖ Todd Minchey
Eastern Region:	
Caseworker	Holly Vetter
Community Partner	Uintah County School District Youth in Custody Program, Beth Murphy, Director
Northern Region:	
Caseworker	Misty Crawford
Community Partner	Mary Francisco Leslie Christiansen Carma Hemingway Bonnie Holmes Jan Oliver Kaisha Taylor
Salt Lake Valley Region:	
Caseworker	Deena Ott Danelle England
Community Partner	Christine Decker
Southwest Region:	
Caseworker	Tyler Goddard
Community Partner	Quality Improvement Team, John Ault, Chair
Western Region:	
Caseworker	Brooke Ibanez
Community Partner	Judy Gillies

2004 Supervisor Conference

By Midge Delavan, Training Manager

The 2004 Supervisor Conference will be held on November 9 and 10, 2004 at the Ft. Douglas Officers Club. The theme this year is "Targeting Supervision through Leadership and Management Tools."

This conference will be a one and a half day exploration of supervisory practice in a time of new Child and Family Service Review response through Utah's Performance Improvement Plan (PIP). How can supervisors succeed in their juggling act of meeting the needs of children and families, upholding community partnerships, meeting administrative requests, data collection and reporting, and staff assessment and planning? Show us your strengths!

From: Angela Khairallah
To: Wininger, Linda
Date: 10/7/2004 10:50:16 AM
Subject: Fwd: Re: PIP

FYI--Regarding Mental Health Follow-ups for PIP

>>> Chris Chytraus 10/6/2004 9:02:56 PM >>>

We have recently made the change in SAFE to allow the nurse to clear the mental assessment completed and another one for mental health assessment recorded in SAFE. This will allow us to track the exam done but maybe we were waiting on the report. We will also be able to identify how long it takes to get the written report from the initial HVR that it was completed. I am meeting with all of the CMH people next week at their monthly meeting to discuss the timeliness issue on mental health assessments. This should also help. We probably should have Navina pull a sample of those kids with follow-up and see that they are completed. This would assess that we were improving. Providers is still a barrier and I've brought this up with mental health. Other suggestions? CC

Chris Chytraus R.N., BSN
Program Manager
Fostering Healthy Children Program
(801) 584-8598 office
(801) 584-8488 fax

>>> Angela Khairallah 10/6/2004 9:58:34 AM >>>
Chris,

The PIP item is 22.1: Determine barriers to follow up treatment recommended in the initial and mental health assessments-follow up treatment that is prescribed is consistently completed and recorded in SAFE. This needs to be done by January 2005. By July 2005, we have to have developed and implemented a plan to reduce/eliminate barriers and improve follow up tx completion. The PIP Item is actually assigned to me, but I know that you have been working on this item.

I think all Linda wants to know is where things are at? Have you started identifying barriers? How are we going to address these? What efforts if any have you been working on with SAFE/LaNaye?

Please let me know if there is anything that I can do to help you out.

Thanks,
Angela

>>> Chris Chytraus 10/5/2004 5:25:57 PM >>>

I have just been participating on a committee that hasn't met for quite a while....are there specifics she wants? No one gave me any specific assignment as things have come up I have tried to make adjustments from what I know was needed. Chris

Chris Chytraus R.N., BSN
Program Manager
Fostering Healthy Children Program
(801) 584-8598 office
(801) 584-8488 fax

>>> Angela Khairallah 10/5/2004 10:48:49 AM >>>

Hi Chris,

Where are things at with the Health Care and Mental Health Care items of the PIP? Linda Wininger is asking for an update. Thanks,

Angela